Prairie North
Health Region

2008 - 2009
ANNUAL REPORT

to the **MINISTER OF HEALTH**

Healthy People in Healthy Communities

Prairie North Health Region

Vision "Healthy people in healthy communities."

Mission "Working together to provide quality health services and to promote and support healthy living in diverse communities."

Values

- Accountability and Responsibility to sustain the future of our health care resources.
- Respect, Compassion, and Dignity for all people, regardless of cultural, social and economic factors.
- Trust and Integrity in everything we do.
- Appropriate Access to Quality Health Services: the right service at the right time in the right place by the right provider.
- Creativity and Innovation that support learning, partnerships and an ongoing commitment to progress.
- Safe and supportive environment for all.

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The Prairie North Health Region Annual Report is located on the Internet at:

http://www.pnrha.ca

and at

http://www.health.gov.sk.ca/health-region-list

Letter of Transmittal

To: Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

Prairie North Regional Health Authority is pleased to provide you and the residents of our Health Region with our 2008-2009 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of Prairie North Health Region for the year ended March 31, 2009.

The past year has been another of successes and challenges for our Health Region, as you will see in the pages that follow. Among those successes have been official opening of the Maidstone Health Complex, hosting of you and your Alberta counterpart at a joint meeting in Lloydminster in August, arrival of two contingents of Philippine nurses, introduction of the RIS-PACS digital system in our two regional hospitals, and receipt of additional financial support for service expansion in Lloydminster.

We look forward to furthering our partnership with the Ministry in the year ahead to achieve a responsive, integrated and efficient health system that puts the patient first and enables people to achieve their best possible health.

Respectfully submitted,

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Who We Are

Prairie North Regional Health Authority is one of 12 Saskatchewan RHAs established in 2002 with proclamation of *The Regional Health Services Act*. The RHA is the formal legal entity responsible for the planning, organization, delivery and evaluation of the health services it provides within the boundaries of Prairie North Health Region.

The Authority generally refers to the governing Board, while the 'Health Region' describes our geographic area, along with the facilities, programs, and services provided in it by all of our staff, physicians, and partners.

Our Vision, Mission and Values

Prairie North's original Vision, Mission and Values statements were established by the RHA in 2003.

In 2006-2007, Prairie North reviewed and revised its Vision, Mission, and Value statements to reflect more of what we do in the provision of quality health services, and to recognize the diversity of the communities which comprise Prairie North.

Prairie North RHA is guided in its decision-making, presentation and conduct by the legislation that governs us, and by our policies around governance, responsibility, conduct, communication, accessibility, planning, and reporting. Professionally, our managers, physicians, and staff are bound by the regulations, expectations, and requirements of their professions, including codes of conduct and ethics. Prairie North has in place specific policies and procedures dealing with health information protection, informed consent and financial management, and others that guide us in delivering the highest standards of care and service throughout our organization.

The Region has in place an Ethics program that consists of a Regional Committee plus local committees for The Battlefords, Lloydminster, and Meadow Lake/Rural, and a Regional Research Ethics Review Board. Members include physicians, managers, frontline staff, and Board officials who – together – work to address ethical issues that arise through day-to-day operations or in relation to more strategic decision-making processes.

PNHR Strategic Plan 2007 - 2010

Prairie North Health Region's Strategic Plan was created and approved by the Board in 2006-07. In June 2008, PNRHA Board members, senior managers, regional directors, and medical staff officials began a review of the plan in the context of 2008-09 priorities and emphasis on "Pursuing Quality and Accelerating Excellence". With Board terms about to expire and new Board appointments pending, revision of the Strategic Plan was held in abeyance for consideration by the new PNRHA Board. New Board members were appointed in February 2009, hence Prairie North Health Region continued to function under its existing Strategic Plan for the remainder of 2008-09. Work developing a new Strategic Plan is to begin early in the 2009-10 operating year.

Prairie North Health Region
Strategic Plan 2007 - 2010

Strategic Direction – Goal 1: Improved Access to Quality Health Services

PNHR Objectives:

Provide responsive, coordinated primary health care
Improve chronic disease management
Reduce wait times for surgical procedures
Reduce wait times for diagnostic services
Improve emergency medical care
Improve hospital, specialized services and long-term care
Improve service delivery across the continuum of care
Provide quality maternal/child services
Strengthen mental health and addiction services

Strategic Direction – Goal 2: Effective Health Promotion and Disease Prevention

PNHR Objectives:

Improve promotion of health and disease prevention
Improve the health of northern and Aboriginal communities

Strategic Direction – Goal 3: Retain, Recruit and Train Health Providers

PNHR Objectives:

Improve utilization and availability of health human resources
Develop Prairie North Health Region into a learning organization
Develop representative work places
Create healthier, more effective work places

Strategic Direction – Goal 4: A Sustainable, Efficient, Accountable and Quality Health System

PNHR Objectives:

Ensure quality, effective health care

Ensure appropriate governance, accountability and management for the health sector
and sustain publicly funded and publicly administered health care

Communicate appropriately and effectively with all internal and external stakeholders
Make Continuous Quality Improvement integral throughout the organization
Ensure patient safety is a critical focus in all health services programming

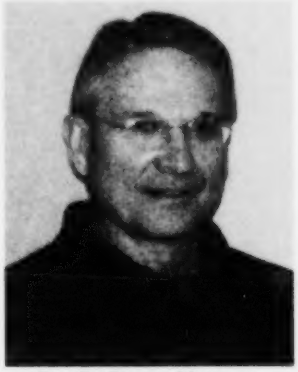
The Strategic Plan serves as one of the two key measures on which PNHR'S Annual Report is based, providing the Minister of Health and our stakeholders with an overview of the Region's strategic and operational performance for the past fiscal year. The other measure is the Accountability Document between the RHA and Saskatchewan Health. An Accountability Document is created annually for each Health Region and sets out the organizational, program and service expectations of each individual RHA. Each Health Region's Annual Report is intended to clearly describe the extent to which the RHA has made progress, and the extent to which the Region has complied with the Accountability Document.

Organizational / Administrative Structure

Prairie North Health Region is proud of its strong, consistent and visionary leadership, from the RHA Board and Senior Management Team, through its Directors and Managers, Chiefs of Staff, physicians and staff members across the organization.

PNHR has been fortunate to have retained the services of the same Chief Executive Officer and two of its senior managers since the Region's inception in 2002. As CEO, David Fan has directed the organization for the past seven years with the support of Vice President of Corporate Services Irene Denis and Vice President of Finance/Information Technologies Jerry Keller who have also been with the Region for the past seven years. Glennys Uzelman joined the Senior Management Team in 2003 as Vice President of Primary Health Services. Vice President of Development and Operations Lionel Chabot and Vice President of Integrated Health Services Barb Jiricka have been with Prairie North since 2006. Vice President of Medical Services Dr. R. Bruce Murray joined the PNHR Senior Management Team in November 2007.

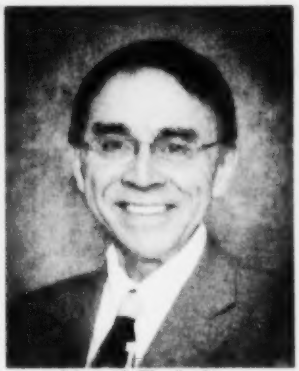
Prairie North Health Region Senior Management Team
As of March 31, 2009



Dr. R. Bruce Murray
VP Medical Services

David Fan
Chief Executive Officer

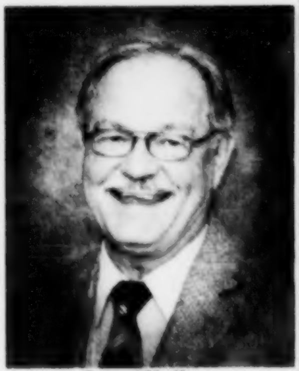
Glennys Uzelman
VP Primary Health Services



Lionel Chabot
VP Development & Operations

Irene Denis
VP Corporate Services

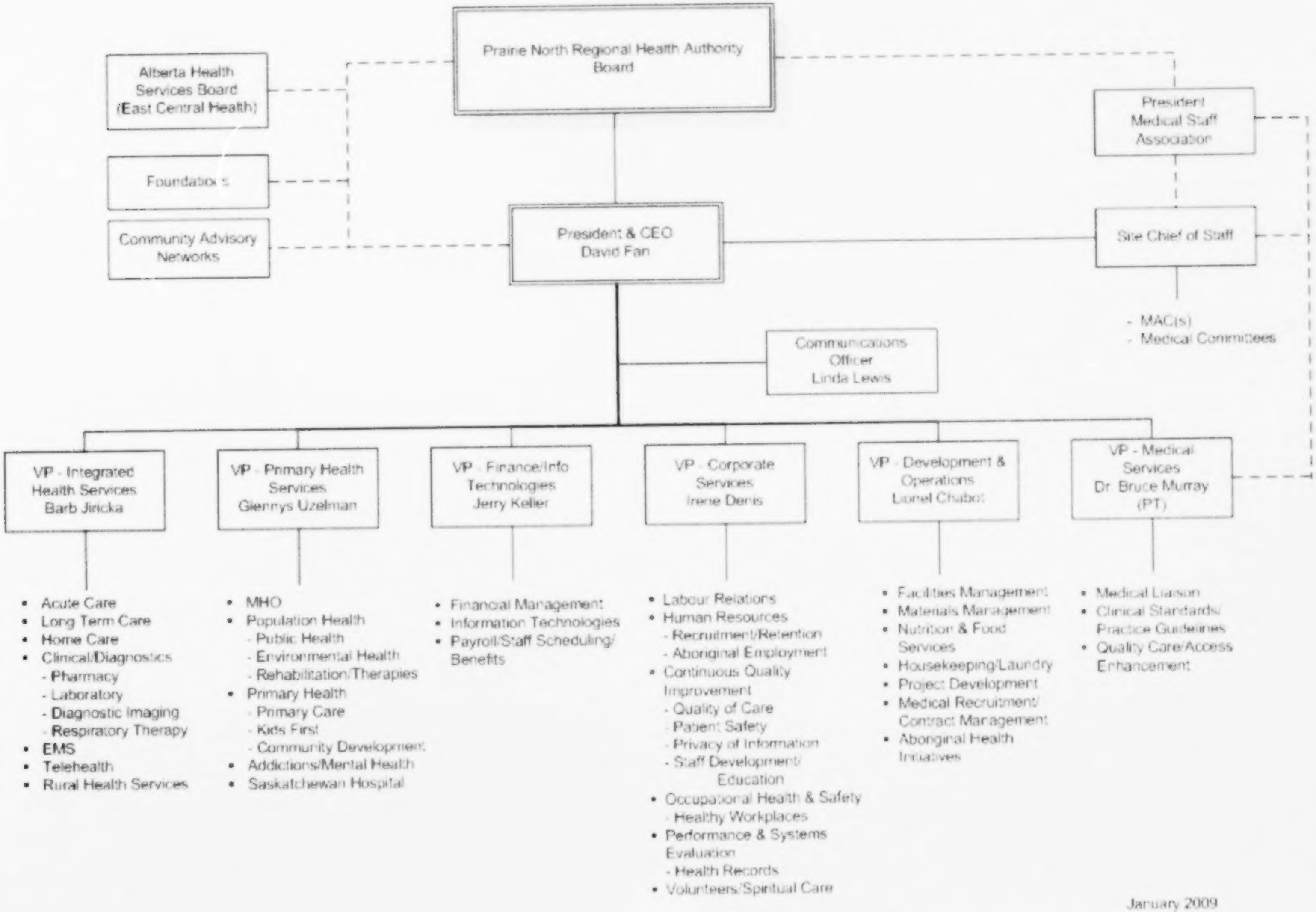
Barbara Jiricka
VP Integrated Health Services



Jerry Keller
VP Finance/Information Technologies

Prairie North Regional Health Authority Organizational Structure

As of March 31, 2009



Prairie North Regional Health Authority Board

Alberta Health Services Board (East Central Health)

Foundations

Community Advisory Networks

President Medical Staff Association

President & CEO David Fan

Site Chief of Staff

- MAC(s)
- Medical Committees

Communications Officer Linda Lewis

VP - Integrated Health Services Barb Jiricka

- Acute Care
- Long Term Care
- Home Care
- Clinical/Diagnostics
  - Pharmacy
  - Laboratory
  - Diagnostic Imaging
  - Respiratory Therapy
- EMS
- Telehealth
- Rural Health Services

VP - Primary Health Services Glennys Uzelman

- MHO
- Population Health
  - Public Health
  - Environmental Health
  - Rehabilitation/Therapies
- Primary Health
  - Primary Care
  - Kids First
  - Community Development
- Addictions/Mental Health
- Saskatchewan Hospital

VP - Finance/Info Technologies Jerry Keller

- Financial Management
- Information Technologies
- Payroll/Staff Scheduling/ Benefits

VP - Corporate Services Irene Denis

- Labour Relations
- Human Resources
  - Recruitment/Retention
  - Aboriginal Employment
- Continuous Quality Improvement
  - Quality of Care
  - Patient Safety
  - Privacy of Information
  - Staff Development/ Education
- Occupational Health & Safety
  - Healthy Workplaces
- Performance & Systems Evaluation
  - Health Records
- Volunteers/Spiritual Care

VP - Development & Operations Lionel Chabot

- Facilities Management
- Materials Management
- Nutrition & Food Services
- Housekeeping/Laundry
- Project Development
- Medical Recruitment/ Contract Management
- Aboriginal Health Initiatives

VP - Medical Services Dr. Bruce Murray (PT)

- Medical Liason
- Clinical Standards/ Practice Guidelines
- Quality Care/Access Enhancement

January 2009

Service Providers

Our strength is our people: highly skilled, qualified, professional, dedicated, caring, and compassionate through every program and service, department, facility and community.

Individually and collectively, Prairie North Health Region staff and physicians strive to provide the very best in quality health service delivery for patients, residents, clients, co-workers, colleagues, partners, and communities. Teamwork is essential for PNHR's continued success in meeting the needs of all those we serve.

Staff Resources

Prairie North Health Region is proud of our team of over 3,100 staff members in full-time, part-time, and casual positions. Prairie North employs 595 registered nurses, registered nurse/nurse practitioners, and registered psychiatric nurses; 2,166 unionized support staff including licensed practical nurses, special care aides, laboratory and diagnostic services personnel, and dietary, housekeeping and maintenance professionals; 196 health sciences association staff including public health inspectors, therapists, counsellors, technicians, and psychologists; and 164 non-unionized staff including senior, regional, facility, program, and nurse managers, plus administrative support personnel. Translated into full-time equivalent positions (FTEs), Prairie North's staff complement is as follows:

Full-Time Equivalent Positions – Prairie North Health Region

	2008-09 (as at March 31, 2009)	**2007-08** (as at March 31, 2008)	**2006-07** (as at March 31, 2007)	**2005-06** (as at March 31, 2006)	**2004-05** (as at March 31, 2005)	**2003-04** (as at March 31, 2004)
Canadian Union of Public Employees (CUPE - SK)	1,351.90	1,342.55	1,290.30	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - AB)	92.89	92.88	88.53	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	146.78	136.09	122.69	119.25	112.34	114.81
Out-of-Scope (OOS) – SK	145.42	141	139.51	137.89	126.55	128.13
Out-of-Scope (OOS) – AB	9.84	10.70	12.20	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	394.60	386.12	384.41	377.26	378.75	378.78
United Nurses of Alberta (UNA)	13.99	14.91	13.70	13.66	13.51	13.65
TOTAL Full-Time Equivalents	**2,155.42**	**2,124.25**	**2,051.34**	**1,950.33**	**1,885.29**	**1,867.36**

As the numbers indicate, Prairie North's staff complement has gradually expanded, particularly in the support services/provider union sector (CUPE and AUPE), and in the Health Sciences affiliation to meet the increasing demands of the Region's growing population. In 2008-09, a total of 31.17 FTE positions were added, representing a 1.5% increase over the year before.

Physician Resources

Since the Region's inception, Prairie North has been fortunate to have maintained a complement of approximately 100 physicians, albeit with turnover in the ranks of both general practitioners and specialists. PNHR is not without the challenges of retaining and continually recruiting new physicians, as individual doctors leave the Region's medical staff and others join.

Physician Resources – Prairie North Health Region
As at March 31, 2009

General Practitioners – 75 including:	Specialists - 27	Visiting Specialties
10 GP/Anaesthetists	1 Medical Health Officer	Gerontology
1 GP/Surgeon	8 Psychiatrists	Internal Medicine
1 GP/Surgeon/Obstetrics/Ultrasound	3 Internists	Ophthalmology
1 GP/Obstetrics/Ultrasound	2 Radiologists	Orthopaedics
1 GP/Internist	6 Surgeons	Paediatrics
1 GP/Emergency Room Physician	4 Obstetrician/Gynaecologists	Plastic Surgery
3 Emergency Room Physicians	1 Pathologist	Rheumatology
2 GP/Operating Room Assist	1 Otolaryngologist	Urology
	1 Ophthalmologist	Nephrology

Volunteer and Spiritual Service Resources

Prairie North Health Region recognizes volunteers and spiritual service providers as integral members of the health care team. Volunteers are valuable human resources who contribute their time, unique talents, and skills to augment the service delivery of health care staff. PNHR volunteers are directly involved with patients, residents, and clients in our facilities and in our programs. Activities include greeter programs, visitation, recreation, and Auxiliary work. In the community, volunteers deliver Meals-on-Wheels, raise funds, organize and host special events, work on committees, and serve as general ambassadors for local services and facilities. PNHR volunteers are positive role models for present and future members of their communities. Volunteers are a vital link between the health system and the public.

PNHR volunteers are directly supported by the regional Volunteer and Spiritual Services program which provides registration, screening, and orientation. The program coordinates volunteer-based services for the health region and serves as a resource for health professionals wishing to develop or enhance their services through volunteer opportunities.

PNHR's volunteer corps numbers around 3,900 individuals who donate untold time and talents to the nearly 30 health region facilities and programs, 15 Auxiliary organizations, and seven Foundations and Trust Fund agencies. Many volunteers are involved in more than one program and at more than one facility. Each site or program is unique and attracts volunteers interested in its particular range of opportunities.

Prairie North Health Region's Spiritual Services program works in partnership with local Faith communities. They assist in the Region's chaplain-on-call program, memorial worship services, seasonal celebrations, bible studies, visitation programs, and cultural gatherings. Prairie North believes that spirituality has a significant impact on a client's physical, emotional, mental and social well-being. The Spiritual Services program is another important component of the Region's health care and service spectrum.

Key Partnerships

Ministry of Health

The Ministry of Health, commonly known as Saskatchewan Health, is PNHR's principal partner in the overall management and delivery of health services to the Region's residents. Under the direction of the Minister of Health, Saskatchewan Health is responsible for the strategic direction of the province's health system, determines provincial priorities, provides policy direction, sets and monitors standards, allocates resources, and provides funding to support RHAs in ensuring the provision of essential and appropriate services to their respective populations. The Ministry defines performance and outcome measures, and establishes accountability parameters for the RHAs.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies in Saskatchewan that provides leadership, advocacy, support and programs for its members. Prairie North Health Region is a member of SAHO, as are all other regional health authorities in the province, along with independent hospital and special care homes, associations and agencies that provide health services, education and/or regulations. SAHO provides support and education for boards and administrators; professional development and workplace health and safety education and training; human resources, employee relations, and collective bargaining services; payroll and benefit services; and communications and materials management support.

Alberta Health Services/East Central Health, Alberta

The Alberta side of Lloydminster is located within the geographic boundaries of the former East Central Health (ECH) region, Alberta. In May of 2008, Alberta Health and Wellness announced a major overhaul of its health system including a new model for health governance. In June 2008, the new Alberta Health Services Board assumed jurisdiction over all Alberta health regions. A transitional period followed during which ECH remained in place to varying degrees for the rest of the 2008-09 operating year, under the authority of Alberta Health Services. Effective April 1, 2009, ECH along with the eight other Alberta health regions, the Alberta Cancer Board, Mental Health Board, and Alberta Alcohol and Drug Commission ceased to exist in their former state. The nine regions and three Boards are now governed under Alberta Health Services with one President and Chief Operating Officer and one Board.

Through the transition period and moving forward, Saskatchewan continues to provide health services to all of Lloydminster, irrespective of the boundary between the two provinces. Under the long-standing agreement between Alberta and Saskatchewan, Prairie North works with Alberta Health Services to plan and deliver health services to Lloydminster and area residents. Funding support for Lloydminster, Alberta and area residents comes from Alberta Health and Wellness through Alberta Health Services.

First Nations Communities and Organizations

PNHR partners with a number of First Nations to help support and deliver health services to Aboriginal clients. Through agreements with the Region, Meadow Lake Tribal Council (MLTC) provides health liaison services for clients at Meadow Lake and Loon Lake. Thunderchild First Nation supports health liaison service at Turtleford. Big Island Lake First Nation, Ministikwan, and Island Lake First Nations participate with PNHR in support of Primary Health Care services and chronic disease management. PNHR has membership from MLTC, Big Island Lake, Island Lake, and Makwa Sahgaiehcan First Nation on the Region's Loon Lake/Goodsoil Primary Health Care Team. Through contract with Onion Lake First Nation, Prairie North provides laboratory service to the Onion Lake Health Centre.

Battlefords Family Health Centre

Prairie North contracts with Battlefords Tribal Council (BTC) Indian Health Services for the provision of Primary Health Care services through Battlefords Family Health Centre (BFHC). The Centre is governed by a Board of Directors including Chiefs of the member communities. PNHR is represented on the Primary Health Care Management Committee. PHC services at BFHC are available to the entire community and include those of three physicians and a nurse practitioner, KidsFirst, and a Sexual Health Clinic. Also available are diabetes prevention and education services, child health clinics, mental health services, lactation consulting, immunizations, HIV/AIDS prevention services, and a Circle of Learning.

KidsFirst

PNHR partners with local agencies in Meadow Lake and North Battleford to deliver targeted support to the most vulnerable families. KidsFirst is an early childhood development program intended to provide vulnerable children with the best possible start in life and to ensure they will be nurtured and supported by well functioning families and communities. Federal/provincial funding for the local program is channelled through PNHR as the accountable partner.

Maidstone Municipal Health Holdings
North Saskatchewan River Municipal Health Holdings

Prairie North Health Region is fortunate to have two local municipal organizations with which to work in recruiting, retaining, and supporting physicians for several of its rural communities. Maidstone Municipal Health Holdings (MMHH) is comprised of 13 member municipalities and has been in place since June of 1998. MMHH has a successful record of recruitment and retention of physicians to serve its local and area residents. Its physicians are based in Maidstone at the clinic operated by MMHH at Prairie North's Maidstone Health Complex. MMHH physicians also provide clinic services at Cut Knife, Neilburg, Lashburn and Paradise Hill.

North Saskatchewan River Municipal Health Holdings (NSRMHH) was established on May 1, 2005 similar to the Maidstone model. Eleven rural municipalities, resort villages, villages and towns in the Turtleford, St. Walburg and Edam areas joined together to recruit physicians, and to manage and operate the physician clinics in Turtleford, St. Walburg and Edam. The group medical practice is based in Turtleford and provides service as well in St. Walburg and Edam.

North Sask Laundry & Support Services Ltd., Prince Albert

Prairie North is one of four Saskatchewan health regions which own North Sask Laundry (NSL), a health care laundry provider. NSL's processing plant is located in Prince Albert and provides laundry and linen services to health care facilities and clinics in its four owner health regions, plus one additional health region and other facilities such as corrections and education. PNHR purchases NSL's services to provide and maintain linen supplies to many PNHR facilities. Prairie North directly participates in the governance of NSL through mandated membership on the company's Board of Directors.

Educational Institutions

Prairie North Health Region partners with numerous educational institutions and programs to provide educational opportunities within PNHR facilities and sites for clinical placements for post secondary education. Educational partners include North West Regional College, the Saskatchewan Institute of Applied Sciences and Technology (SIAST), and the University of Saskatchewan, to name a few.

Community Living Division – Ministry of Social Services

Prairie North partners with Community Living Division (CLD) to ensure holistic planning and care is provided to complex needs individuals residing at Saskatchewan Hospital. Contractual agreements are in place between PNHR and CLD to establish financial, clinical and discharge planning obligations for each complex needs client.

Ministry of Justice and Attorney General
Ministry of Corrections, Public Safety and Policing

PNHR works closely with the Ministry of Justice and Attorney General and the Ministry of Corrections, Public Safety and Policing to deliver health and legal services to individuals requiring access to the provincial Forensic Services program at Saskatchewan Hospital. Partners include correctional facilities, the Regional Psychiatric Centre in Saskatoon, the Saskatchewan Review Board, and RCMP.

Foundations and Auxiliaries

PNHR is fortunate and grateful to have the support of local Foundations, along with community and facility-based Auxiliaries, to help us meet care and service needs of our patients, residents, and clients. These organizations' generous financial contributions toward the smallest of amenities to enhance patient/resident/client care, to the largest purchases of major capital equipment, are vital to our ability to maintain and strengthen our services.

Foundations & Trust Funds	Auxiliaries
	AMGITS (Saskatchewan Hospital Auxiliary)
Battlefords Union Hospital Foundation	Hands of Friendship Auxiliary (Battlefords District Care Centre)
	Dr. Cooke Extended Care Auxiliary
Beaver River Health Care Foundation (Goodsoil)	Edam Health Care Auxiliary
	Goodsoil Health Care Auxiliary
Lady Minto Trust Fund Committee (Edam)	Jubilee Jems Auxiliary (Jubilee Lodge, Lloydminster)
	Lashburn Health Care Auxiliary
Lloydminster Region Health Foundation Inc.	Lloydminster Health Care Auxiliary
	Maidstone Health Care Auxiliary
Loon Lake Health Care Foundation Inc.	Meadow Lake Health Care Auxiliary
	Mervin Health Care Auxiliary
Meadow Lake Hospital Foundation Inc.	Paradise Hill Community Health Auxiliary
	River Heights Lodge Auxiliary
Twin Rivers Health Care Foundation Inc.	St. Walburg Health Care Auxiliary
	Villa Pascal Ladies Auxiliary

Health Care Organizations

Prairie North Health Region works closely with 10 independent health care organizations (HCOs) to deliver programs and services to residents of the Region. Prairie North's HCOs provide emergency medical, addictions, mental health, and continuing/supportive care services.

The Regional Health Services Act defines a health care organization as:

- a prescribed organization that receives funding from an RHA to provide health services; or
- an affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan, and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contracts must be in place between each HCO and the Health Region.

The contracts set out the health services to be provided by the HCO and the funding to be received through the Health Region. According to the contracts, HCOs are required to submit audited financial statements and statistical information to the Health Region. Prairie North maintains strong linkages with each of its HCOs to assist in ensuring that operational and service requirements are met.

Emergency Medical Services

Lloydminster Emergency Care Service
Marshall's Ambulance Care Ltd., St. Walburg
WPD Ambulance Care Ltd., North Battleford

Prairie North contracts with these three private ambulance companies to provide pre-hospital emergency care to individuals in and around the companies' respective communities and contract areas. A contract is also maintained with Cold Lake Ambulance Society of Cold Lake, Alberta to provide a limited amount of emergency road ambulance service in the far northwest part of PNHR. Ambulance service to other communities and areas of Prairie North is provided by Region-owned and operated services in Cut Knife, Maidstone, Meadow Lake, and Neilburg.

Addictions Services

Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster

The Slim Thorpe Centre, as it is commonly known, is a not-for-profit organization dedicated to education and delivery of services associated with chemical dependency and problem gambling. The Centre provides high quality recovery and prevention services that encourage positive solutions to alcohol, drug and gambling problems. Prairie North Health Region provides flow-through funding to the Centre to deliver addiction services to Lloydminster and area residents.

Mental Health Services

Libbie Young Centre Inc., Lloydminster

The Centre offers short-term and long-term residential supportive apartment living, as well as day programming to clients of Lloydminster and area. The Centre provides support services for persons experiencing chronic and persistent mental illness.

Canadian Mental Health Association, Battlefords Branch

The CMHA offers pre-vocational, vocational, public education, activity and advocacy services for individuals with mental health challenges.

Edwards Society Inc., North Battleford

The Edwards Society provides accommodation for mental health clients in a structured, supportive family-style living environment to enhance their quality of life and assist with greater self-reliance.

Portage Vocational Society Inc., North Battleford

Portage offers vocational rehabilitation, employment training and placement programs for clients suffering mental or emotional illness.

Continuing/Supportive Care Services

Societe Joseph Breton Inc., North Battleford

The Societe operates the Villa Pascal 38-bed long-term care facility in North Battleford, and is Prairie North's only affiliate organization.

Points West Living Lloydminster Inc.

Points West Living Lloydminster is a 60 suite designated assisted living/supportive housing complex located on the Alberta side of Lloydminster and operated by Connecting Care. The facility opened in May 2008. Admission to the facility is through Prairie North Health Region's Continuing Care single entry point system. PNHR Home Care provides some nursing and case coordination services. Operating funds for the supportive housing program flow through Prairie North from Alberta Health Services (formerly through East Central Health Alberta).

Key Services

Prairie North Regional Health Authority provides a comprehensive array of health services to the residents of the two cities, eight towns, 17 villages, five resort villages, 14 First Nation communities, 17 rural municipalities that lie entirely within the Region's geographic boundaries, and three rural municipalities a portion of each which lies within PNHR.

Our patient care services cover the spectrum from working with individuals, organizations and communities to prevent illness and promote good health; to providing emergency, diagnostic, and ongoing medical care when patients/clients are in need; helping individuals return to improved health through rehabilitation, care management and ongoing support; providing long-term care to individuals who can no longer care for themselves; and educating, treating, supporting and providing care to individuals facing illness relating to addictions and mental health. The Region also works to safeguard the health of our population and communities.

These services are provided in Region-operated institutions and service sites, as well as through contracted/ private service sites and programs, in community locations, and in client homes.

The Region supports its delivery of patient care services through housekeeping, food and nutrition, facilities maintenance, and materials management programs.

Coordinating and managing all direct care and support services are the Region's administrative programs including finance, information technology, human resources, labour relations, communications, and continuous safety and quality improvement.

Prairie North Regional Health Authority is organized according to the key services we provide.

Key Patient & Corporate Services – Prairie North Health Region

As at March 31, 2009

Acute Care
Hospitals including clinical and diagnostic services, Medical/Physician services, and Specialists

Rural Health Services
Health Centres and Integrated Health Facilities

Population Health Services
Public Health, Environmental Health, Rehabilitation and Therapies

Mental Health & Addictions Services
Inpatient, Outpatient, and Long-term Rehabilitation

Supportive/Continuing Care
Long-Term Care, Home Care, Day Programs, and Respite Care

Emergency Response Services
Ambulance and First Responders

Primary Health Care
Primary Health, KidsFirst, Intersectoral programs, and Community Development

Support Services
Housekeeping, Food and Nutrition Services, Facilities Services, and Materials Management

Corporate Support Services
Executive/Administrative Services including Finance, Information Technology, Human Resources and Labour Relations, Communications, and Continuous Safety & Quality Improvement

Key Activity Indicators

Prairie North Health Region has in place a number of data collection and reporting systems and processes that help us monitor and analyse the work we do and the care and service we provide for our patients, residents, and clients.

We continually strive to assess, standardize, compile, coordinate, and refine the data we collect. The data is used to examine and identify strengths, weaknesses or gaps in our service delivery, along with trends, changes and areas for improvement in what we do and how we do it. This information is integral to our measures of success in meeting the care and service needs of our clients, and in our decision-making processes and planning toward meeting our goals and objectives.

Each year, the Region compiles a report of its key activity indicators so that one can clearly see the volume of services provided. Since the first comprehensive *PNRHA Key Activity Indicators* report for 2005-06, the data reveals that the volume of services provided is steadily growing in many sectors, particularly acute care, diagnostic imaging and laboratory services, mental health and addictions services, and population health.

Acute Care, Diagnostic, & Emergency Medical Service Indicators – Prairie North Health Region

April 1, 2008 - March 31, 2009

	2008-09 Total	2007-08 Total	2006-07 Total	2005-06 Total
Acute Care (Hospital) Separations *	11,388	10,872	10,200	*10,941* [a]
Live Births	1,895	1,826	1,626	1,603
Surgical Cases (OR & Endoscopy)	8,403	7,660	*7,225* [a]	7,021
Hospital Emergency Room Visits [b]	90,210	97,283	94,716	96,982
Hospital Ambulatory Clinic Visits [b]	23,285	22,119	21,173	20,373
Health Centre Ambulatory Clinic Visits	3,013	3,336	3,334	3,239
Laboratory Tests	1.46 million	1.44 million	1.307 million	1.28 million
General Radiography Exams (X-Rays)	55,205	51,818	53,120	54,239
Ultrasound Exams	11,449	10,748	8,907	7,307
CT Exams	7,406	7,530	5,322	813 [c]
Ambulance Calls	8,385	8,742	8,425	8,212
Ambulance Travel (in Kilometres)	1.059 million	1.09 million	984,314	1.05 million

Note:

* Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

a: Figures are different than those included in 2007-08 Annual Report due to ongoing refinement in data collection and reporting.

b: Hospital ER Visits and Hospital Ambulatory Clinic Visits were previously reported as a combined figure.

c: CT services in PNHR began in late 2005-06.

Continuing Care, Mental Health & Addictions, & Population Health Indicators – Prairie North Health Region

April 1, 2008 - March 31, 2009

	2008-09 Total	2007-08 Total	2006-07 Total	2005-06 Total
Long-Term Care Admissions	245	270	219	253
Short-Term Care Admissions	327	380	371	393
Home Care Clients	27,215	28,006	28,320	20,795
Meals-on-Wheels	25,350	24,325	23,482	24,961
Mental Health Outpatient Visits	26,544	23,687	23,272	22,619
Mental Health Outpatient Direct Service Hours	25,230	23,211	22,826	21,865
Addiction Services Clients	10,079	5,857	5,217	5,159
Addiction Services Direct Service Hours	7,594	10,396[a]	5,730	5,220
Physiotherapy Visits	39,397	40,696	39,253	33,750
Occupational Therapy Visits	5,203	4,754	5,964	7,416
Speech Language Pathology Visits	2,057	2,339	2,208	-----[b]
Public Health Inspections	891	1,207	1,131	-----[b]
Public Health Complaints, Consultation, & Field Visits	7,433	6,628	5,647	-----[b]
Clients Seen in Child Health Clinics	6,802	5,500	5,166	-----[b]
Postnatal Contacts – Public Health	3,800	3,175	2,796	-----[b]
School Immunizations	6,913	3,450	3,917	-----[b]
Travel Clinic Clients	3,350	3,212	2,485	-----[c]

Note:

a: Substantial increase over previous year's numbers due primarily to opening of new Robert Simard Social Detox Unit.

b: Data not previously reported.

Service Sites

Prairie North Health Region offers its programs and services through 26 distinct facilities or sites, totalling over one million square feet of space.

Prairie North Health Region Facilities and Sites

As at March 31, 2009

Two Regional Hospitals

Battlefords Union Hospital, North Battleford

Lloydminster Hospital, Lloydminster, SK

One District Hospital

Northwest Health Facility/Meadow Lake Hospital, Meadow Lake

Three Community Hospitals with Attached Special Care Home

Maidstone Health Complex, Maidstone

Riverside Health Complex, Turtleford

Loon Lake Hospital & Special Care Home, Loon Lake

One Provincial Psychiatric Rehabilitation Hospital

Saskatchewan Hospital, North Battleford

Two Health Centres

Manitou Health Centre, Neilburg

Paradise Hill Health Centre, Paradise Hill

Four Health Centres with Attached Special Care Home

Cut Knife Health Complex, Cut Knife

Lady Minto Health Care Center, Edam

L. Gervais Memorial Health Centre, Goodsoil

St. Walburg Health Complex, St. Walburg

One Community/Public Health Facility

(separate from other sites)

Community Health Services Building, Lloydminster, SK

Six Special Care Homes

Battlefords District Care Centre, Battleford

Dr. Cooke Extended Care Centre, Lloydminster, AB

Jubilee Home, Lloydminster

Northland Pioneers Lodge, Meadow Lake

River Heights Lodge, North Battleford

Villa Pascal, North Battleford *(Affiliate)*

Two Primary Health Care Sites

(separate from other sites)

Primary Health Centre, North Battleford

Battlefords Family Health Centre
(Partnership with BTC Indian Health Services Inc.)

One Youth Mental Health Services Site

Child & Youth Services, North Battleford

One Mental Health Services Transition Home

Donaldson House, North Battleford

Two Inpatient Addiction Treatment Centres

Hopeview Residence, North Battleford

Walter A. "Slim" Thorpe Recovery Centre, Lloydminster, AB *(HCO)*

One Multi-Use Site

Lloydminster Co-op Plaza – Suites 101, 104, 108, and 115

Key Risks to the Organization

Successful organizations are those that can identify and anticipate key areas of risk, and proactively plan and implement strategies to mitigate those risks.

Prairie North Health Region maintains a strong focus on the management of risks that challenge the future of the organization's ability to deliver the health care services it is mandated to provide. In 2008-09 and going forward, the key risks to Prairie North Health Region continue to centre around health human resources, patient and staff safety, financial resources, capital infrastructure, equipment and technology, a growing population and increasing pressures for service. Each of these risks is complex and interconnected, and cannot be considered or addressed in isolation.

Human Resources

Ensuring adequate and appropriate numbers of health care professionals continues to be a challenge for Prairie North Health Region. This is not unique to PNHR but is an issue across health care jurisdictions regionally, provincially, nationally, and internationally.

The issues revolve around recruitment and retention of physicians, particularly for rural communities and for the specialties in PNHR's regional centres, along with nursing and other hard-to-recruit positions. The risks that flow from gaps or shortages in the workforce are: escalating service interruptions due to lack of physician and/or staff to provide the service; growing wait times for patients; greater risk of injury and error for patients/residents/clients, staff and physicians; increased workload and on-call duty for physicians; increased workload and overtime for existing employees; increased use of sick time due to tired, burned out and overburdened employees; and reduced staff morale and emergence of a negative workplace or workforce culture.

Prairie North's efforts to recruit and retain general practitioners (GPs) and specialists are continual. The Region has taken on a greater role in recruiting physicians to our rural communities in partnership with Municipal Health Holding organizations in Maidstone and Turtleford/Edam/St. Walburg. Collaboration in physician recruitment also includes PNHR physicians themselves and local communities. The Region enjoyed success in recruiting a number of physicians to PNHR in 2008-09, however, several physicians also left. PNHR continues to explore conversion of physician groups to the Primary Health Care/alternate payment model of physician practice in an effort to improve retention of physicians. The Turtleford/Edam/St. Walburg practice has moved to Primary Health Care and discussions are underway with physicians at Maidstone. The Region also works to educate communities about the challenges in attracting and keeping doctors. Public meetings have helped inform residents about appropriate use and expectations of physician resources. Citizens are being encouraged to come up with creative means to assist in securing and sustaining physician services in their communities.

On the nurse recruitment/retention front, PNHR has been actively involved in implementation of the elements of the Partnership Agreement between the Government of Saskatchewan and the Saskatchewan Union of Nurses (SUN), as the Agreement pertains to regional health authorities. The Agreement was signed by the province and the union in late February 2008 with the goal of stabilizing and rebuilding the registered nurse and registered psychiatric nurse workforce in Saskatchewan. Under the Partnership, PNHR increased its number of full-time equivalent nursing positions in 2008-09 by 7.01 and worked with its SUN Local throughout the year to establish a joint SUN and PNHR Retention and Recruitment Committee. The joint committee will work to identify opportunities, determine priorities, develop options, and seek funding to jointly implement initiatives that address RN/RPN retention and recruitment issues in Prairie North.

Prairie North has also participated in international recruitment of nurses. PNHR representatives joined in a provincial nurse recruitment initiative to the Philippines in late 2007. A total of 19 registered nurses recruited during that trip arrived in PNHR in September 2008 and January 2009 and are now working in Prairie North.

In 2008-09, Prairie North maintained its strong emphasis on recruitment and retention of hard-to-recruit staff. The Region's recruitment package and bursary program provided support to 38 candidates who received incentive/relocation assistance in 2008 and to 13 bursary recipients who came to work for the Region in the past year. An additional 24 hard-to-recruit professionals who signed agreements will come to work for Prairie North upon graduating from their programs over the next two years.

Integral to resolving the staff resource issue in PNHR is improving the workplace so that employees who join the Region will stay and those who are already with the Region will remain, in a positive, fulfilling work environment. With the Health Region's support, Prairie North staff developed and submitted proposals for consideration under the provincial Health Workforce Employee Retention Program. Six projects were approved for PNHR in 2008-09, further to three approved in the Region in 2007-08.

PNHR also participates in the provincial Mentoring Program, the Provincial Nursing Committee, the graduate nurse program, and others. The Region offers as many practicum placements as possible for health care students. This provides an opportunity for students to understand the services and career opportunities available to them within Prairie North, and to perhaps see the Region as their future employer. Presentations are made to high school students, with a specific emphasis on Aboriginal students, regarding careers in health care-related fields, in an effort to encourage young people to choose a career in health care.

PNHR also maintains a broad marketing strategy relating to recruitment, including participation in recruitment fairs and expositions, internet and traditional media-based advertising and promotion, career pathing, and support for continuing education and development.

Patient and Staff Safety

Ensuring the safety of all clients as they access services within the health system and all staff as they fulfill their duties in and on behalf of the health system has become a priority across the nation. Growing recognition has come within health care that many opportunities exist to minimize system errors and create a safer patient and staff experience. Failure to identify, anticipate, and address the overall issue of safety is a key risk to the health system as a whole, and to Prairie North as part of that system.

Categories of risk to patients and staff include critical incidents, occurrences and near misses. Examples include medication errors, falls and injuries, hospital acquired infections, and clinical errors, to name a few. Equipment failures, and unsafe and unhealthy work environments and practices also pose significant risk to patients and workers, as does lack of awareness and knowledge about safe practices and requirements.

To address these risks, Prairie North places strong emphasis on addressing the challenges and opportunities related to safety. The Region continues implementation of its Continuous Safety and Quality Improvement Plan. Components include an active and effective Occupational Health and Safety Program, maintenance of a comprehensive client risk management program in compliance with the provincial mandate, linkages with human resources to ensure an appropriate and effective staff development/educational plan, and collaboration with the healthy workplace program to improve the work environment and experience.

The Region has also focused on patient and staff safety in its 2007-08 and 2008-09 budget priorities with use of capital resources to upgrade and improve equipment and physical environments.

Additionally, PNHR is assessing and addressing its compliance with Accreditation Canada's Required Organizational Practices (ROPs) which are totally focused on safety. The 31 ROPs that all participants in the Accreditation Canada program are bound to achieve focus on patient safety as a culture of the organization, as a communication priority, as a focus of medication use, as an emphasis in the work life/workforce of the organization, and as a priority in infection control, falls prevention and risk assessment. Prairie North Health Region believes that patient safety and staff safety must go hand in hand: that the Region cannot provide a safe environment for our patients, residents, and clients if we do not provide a safe working environment for our staff.

Financial Resources

The 2008-09 fiscal year was a challenging one for Prairie North Health Region, having come off a year end deficit of $620,306 for 2007-08, and projecting a $1.2 million deficit budget for 2008-09. PNHR tabled its first-ever deficit budget as a result of necessary investment ($2.5 million) in program expansions in acute care and community health services in Lloydminster. A continuing negative financial position would jeopardize the long-term viability of the organization, its ability to deliver the services it is mandated to provide, and its potential to meet the growing needs of its residents.

PNHR sought additional resources from the governments of Alberta and Saskatchewan respectively to support the Lloydminster service expansions. For most of the year, Prairie North remained uncertain of whether it would receive additional funding and to what level. This uncertainty led to delay in moving forward with the Lloydminster initiatives.

Prior to year end, Alberta Health and Wellness came through with its share ($1.4 million) of additional dollars for the service enhancements. Saskatchewan's Ministry of Health provided $722,000 as its share of costs for the Lloydminster service expansion. These monies, plus the delay in implementing the program expansion, and unspent dollars from unfilled hard-to-recruit positions resulted in a $2.258 million surplus for Prairie North Health Region at the end of 2008-09.

Prairie North's overall financial position remains tied to appropriate operating and capital funding from the Province of Alberta for the provision of health services in Lloydminster. Governance and organizational changes to East Central Health early in 2007-08, and then to the Alberta health system overall in early 2008-09, have left PNHR without a direct conduit into Alberta to meet the needs of that province's residents in and around Lloydminster. PNHR is uncertain whether Alberta Health and Wellness and the new Alberta Health Services Board will continue to provide operating funding based on the formula established with ECH. The formula sees Alberta cover 54% and Saskatchewan 46% of operating costs associated with provision of health services in Lloydminster, based on the population served and relative utilization of the services by Alberta versus Saskatchewan residents.

To try to resolve the risk, Prairie North officials are working at the local and provincial level to establish a direct linkage and relationship with Alberta officials regarding Lloydminster health services and needs. PNHR is pressing for the establishment of dedicated high-level links with Alberta Health and Wellness and the Alberta Health Services Board on behalf of Albertans seeking care services in Lloydminster.

Additionally, Prairie North is compiling a detailed list of the many idiosyncrasies that present daily operational challenges in delivering and managing health services in Lloydminster. These long-standing bi-provincial complexities include differing legislation and regulations, varying policies and procedures, differing monitoring and reporting requirements, competing provincial priorities, funding complications, multiple collective agreements, and differing pension plans and payroll requirements, to name a few. The Region will share the information with both provincial jurisdictions in an effort to improve understanding and find solutions wherever possible.

Sick leave and overtime costs remain a significant risk to the financial viability of Prairie North Health Region and its ability to provide services. While sick time and overtime usage remained similar in 2008-09 to the year previous, their costs to Prairie North increased by nearly $1 million in the past fiscal year as wages increased under collective agreements. PNHR continues to emphasize recruitment and retention, healthy workplace initiatives, education and attendance support, and return-to-work programs to help reduce the need for overtime and improve sick leave utilization numbers. PNHR's incentive and bursary programs are also expected to provide relief in staffing vacancies in the coming one to two years as students complete their training, fulfill their commitments, and join the Region's workforce.

Prairie North continues striving to maintain careful control of our financial resources, and to effectively plan for use and development of our human, capital management, capital equipment, and information technology resources. Prairie North strategically invests in programs, and in human and capital resources to improve efficiencies and achieve cost benefits over the longer term. The Region maintains its emphasis on reviewing and re-engineering processes and systems to improve effectiveness, add value, and reduce costs.

Capital Infrastructure

Prairie North Health Region is exposed to safety, financial and sustainability risk in relation to a number of its buildings. The Region is home to several aging, inadequate facilities that are costly to maintain and do not allow efficient, cost-effective use of staff and other resources. These include the 95-year-old Saskatchewan Hospital provincial psychiatric rehabilitation facility in North Battleford; Northland Pioneers Lodge long-term care home in Meadow Lake; the 68-year-old Battlefords District Care Centre in Battleford; and regional hospitals in Lloydminster and North Battleford. Replacement or significant upgrading of each is required.

In 2007, the Ministry of Health mandated VFA Canada Corp. to assess and report on the condition of facilities in all Saskatchewan health regions, and to produce a document and software that supports facility rejuvenation at the provincial and regional level. Each building was assigned a facility condition index providing a measure of the state of each facility relative to a given set of provincial criteria. The measure is instrumental in determining project priorities at the provincial and regional level. To that end, the Ministry of Health has provided much needed funds to address building requirements identified in the VFA report. The health regions licensed VFA facility software for the ongoing management of asset data and development of capital plans. Prairie North Health Region utilizes the VFA software to update and prioritize capital needs and projects in its Five-Year Capital Management Plan.

Approvals and partnerships with the Ministry of Health and local communities are necessary to move replacement projects forward. In the case of Lloydminster, commitment is also necessary from Alberta.

Prairie North Health Region is making progress toward long-term resolution of its infrastructure risks:

- The new Maidstone Health Complex was officially opened in June 2008. The facility replaced the outdated and inadequate Pine Island Lodge long-term care home in Maidstone, rejuvenated Maidstone Hospital, became home to Community Health Services for Maidstone and area residents, and located all health services for the community at a single site. PNHR continues to work with the project contractor to address outstanding issues from project construction. The Region transferred ownership of the former Pine Island Lodge to a community-based organization in February 2008 and supports conversion of the site into an assisted living facility known as Pine Island Suites.

- Functional programming and concept design for the replacement of Saskatchewan Hospital North Battleford (SHNB) was completed in December 2008. Ministry approval is required to proceed to the next phase of planning.

- On February 3, 2009, the Ministry of Health announced approval for replacement of Northland Pioneers Lodge in Meadow Lake, along with 12 other outdated long-term care facilities throughout Saskatchewan, as part of the government's Ready for Growth economic stimulus program. PNHR had submitted a project proposal to government in September 2007 for funding consideration. Health Region officials were thrilled with the announcement and quickly initiated planning for the new facility. An April 2010 construction start is anticipated with completion targeted for the fall of 2011.

- Efforts to maintain the structural integrity of Lloydminster Hospital continued to focus on building envelope renovations in 2008-09. Work toward a shorter term redevelopment of several main floor departments – primarily the Emergency Room and Medical (Diagnostic) Imaging – commenced in March 2009. The redevelopment is necessary to accommodate an increasing patient load and introduction of mammography services. The improvements will allow for transition to a larger capital redevelopment of Lloydminster Hospital, the functional program and master plan for which is before the Saskatchewan and Alberta Ministries. The plan was completed and released in November 2007 and provides a road map for expansion and redevelopment of the hospital to meet increasing service demands of the expanded Lloydminster and area population.

- Planning for a new 60-bed long-term care facility in Lloydminster to replace the oldest 55-bed wing of Dr. Cooke Extended Care Centre (DCECC) in the community is progressing. PNHR is participating in the planning for the $40 million Alberta project that was announced in January 2008. Construction is expected to commence in the early spring of 2010.

- The new 60-unit Points West Lloydminster supportive housing complex was completed early in the 2008-09 operating year. Occupancy began in May 2008 followed by official opening of the facility in September 2008. The project is that of East Central Health and Points West. The Complex is operated by Connecting Care Inc. which manages supportive living facilities and services throughout Alberta. PNHR supported development of the project.

- The Battlefords Union Hospital process redesign exercise was completed in 2008-09. The final report identifies solutions and relative costs for changes to the facility to meet program requirements and future enhancements. The challenge will be in securing resources to implement the plan's elements.

- The majority of PNHR's rural facilities are newer and remain functionally and structurally sound. However, facilities in Cut Knife, Goodsoil, Loon Lake, Neilburg and St. Walburg are more than 20 years old and require attention particularly with their building controls, and heating, ventilation and air conditioning (HVAC) systems.

Capital Equipment and Technology

Prairie North faces ongoing pressure to update and replace a variety of equipment at virtually all of its sites and programs. The risk is to patient and staff safety, and speaks to the Region's ability to maintain and improve quality of care and service, and the ability to keep pace with technological advancements to provide patients with the most current services and procedures we can. Prairie North continually works to upgrade basic equipment and to remain current with technologies and systems.

To reduce these risks, Prairie North maintains a Capital Equipment Plan that identifies multi-year priorities for all programs and sites. The priorities are reviewed and updated annually, as items are acquired and crossed off the list, or as other items require replacement on an emergency basis. The Plan helps the Region maintain its programs and services with little or no interruption.

The Region budgets a designated amount of funding on an annual basis to address the priorities of the plan. However, coming off a year end deficit in 2007-08, the 2008-09 capital budget was pared to about $3.7 million from $5.2 million the year prior. Sources of funding included the Ministry of Health, PNHR's capital reserve, and East Central Health; plus major contributions from the Region's Foundations, Trust Funds, Auxiliaries, and communities. Prairie North Health Region is deeply grateful for these significant financial commitments. Fostering and maintaining positive relationships with these organizations is vital to this ongoing support and the Region's ability to address its capital equipment risks.

In 2008-09, the emphasis in capital equipment was again on patient and staff safety through purchase of electric beds, ceiling tracking, and lifts. Prairie North purchased 98 electric beds, 21 floor lifts, and tracking for 78 ceiling lifts, totalling over $800,000 allotted to PNHR under the Ministry's Safety Lifting Equipment Grant Program. Overall, the Region was able to purchase and accept delivery of roughly 80% of capital equipment identified for 2008-09.

The Region's Biomedical Engineering Program, begun in 2005-06, continues its work to reduce the outsourcing of medical equipment repairs and service contracts, providing timely and cost-effective maintenance and repairs. Preventative maintenance is a cornerstone of the program to ensure proper functioning and prolong the useful life of the equipment, and to enhance patient and staff safety.

The proliferation of Information Technology (IT) systems required for optimal program functioning, mandated monitoring and reporting, and integrated systems development also represents a significant risk to the organization. Prairie North is challenged to keep pace with implementation of the many emerging technologies, systems and programs, and with the personnel resource requirements necessary to carry out these initiatives. The new technology is expensive and never-ending, while the financial and human resources to pay for and manage it are scarce. The Region strives to balance IT priorities through a systematic multi-year plan and participates at a provincial level to stay abreast of pending and anticipated change.

Prairie North participates wherever possible with the province and other Saskatchewan health regions in group purchasing to achieve best prices and make the best use of financial resources.

Growing Population and Increasing Pressures for Service

As detailed in the following section of this Annual Report, Prairie North's population has been steadily growing, up 2.7% since 2003. The covered population of The Battlefords and surrounding rural municipality has remained relatively constant; however, the Town of Meadow Lake is growing, and the population of Lloydminster has exploded by nearly 22% since 2001. The remaining part of the Region, particularly along the western border is also demonstrating significant growth.

With this population expansion, the demand for services and volume of services being provided continue to increase. For example, from 2003-04 through 2008-09:

- the number of births in PNHR facilities has risen by 30.9%
- endoscopy cases are up 31.8%
- day surgery visits have risen 22%
- operating visits are up 23.9%
- cataract cases have soared by 104.2%
- lab tests and procedures have increased 24.6%
- lab workload units are 42% higher
- the number of ultrasound exams being done is 92.4% greater, and
- emergency room visits are over the 82,569 mark, a 4% increase.

The number of hospital beds staffed and in operation has increased only 11.6%, while the number of hospital admissions is up 14.4%. The total days stay in hospital is 47,571, an increase of 20.5% while the average length of stay per patient has fallen to 4.36% from a high of 4.73% in 2006-07.

Prairie North Health Region has expanded staffing and services where it can within its current resources. To mitigate the risk, PNHR continues to press Saskatchewan and Alberta Ministries for increased financial resources to meet the pressure for expanded capacity, services, and staff. The Region also continues to emphasize the need for enhancement of Lloydminster as a Regional hospital, enhancement of Meadow Lake as a referral centre for the northwest, expansion of surgical capacity and diagnostic services, enhancement of population health and rehabilitation services, strengthening chronic disease management, developing and implementing rural health and continuing care strategies, and enhancing mental health and addictions services.

Emergency Preparedness

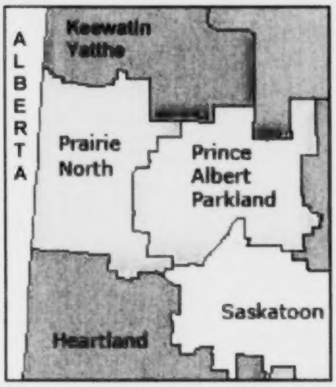
Organizations, agencies, businesses, companies, and governments worldwide have placed increased emphasis in recent years on being prepared and able to respond quickly and appropriately in the face of whatever emergency, disaster or crisis that may occur. The focus on emergency preparedness has been sharpened in view of natural and human-sourced events on a variety of scales, occurring both far away and close to home. The risk in not being prepared is an inability to respond quickly, appropriately, effectively, and efficiently in and to a situation that is time sensitive and at worst, life threatening.

For the health system and Prairie North, dealing with an influx of ill or injured patients, or a sudden reduction in the workforce requires pre-planning and assessing what we would do. Health care and service providers need guidelines for action and a clear picture of their role and responsibility in such an emergency. A well defined and well communicated plan increases the ability to respond efficiently and effectively regardless of the emergency.

Prairie North Health Region is striving to meet this area of risk exposure by targeting attention and resources on emergency preparedness planning activities. Training in the Health Incident Command System (HICS) has begun and uptake by leaders in our organization has been strong. HICS training is being offered on an ongoing basis. The Incident Command system provides an organizational response to any emergency faced by individual sites or the Health Region as a whole.

Our Region

Prairie North Health Region covers a large (29,951 square kilometres) and geographically diverse area in the northwest part of central Saskatchewan. The Region is bounded on its western side by the Alberta border; extends north past Meadow Lake, Dorintosh and Goodsoil to the Keewatin-Yatthe Health Region boundary; borders Prince Albert Parkland Health Region along most of PNHR's eastern boundary; and extends as far south as the North Saskatchewan River near Maymont, includes the Red Pheasant and Mosquito First Nation reserves, and continues west along a straight line just south of Rockhaven and Cut Knife, to the Alberta border. This southern boundary is the Heartland Health Region.



Each Saskatchewan Health Region is unique. In Prairie North's case:

- the health region is home to Canada's only border city: Lloydminster, Saskatchewan/Alberta. This presents special considerations and challenges for the management and provision of health services to people living under differing provincial jurisdictions in the same community.
- PNHR is the only health region in Saskatchewan that is home to two regional hospitals: Battlefords Union Hospital in North Battleford, and Lloydminster Hospital on the Saskatchewan side of Lloydminster. This too sees Prairie North face special dynamics in balancing priorities and resources between two regional hospitals to ensure both sites fulfil their potential as regional health centres.
- PNHR is the site of Saskatchewan's only provincial psychiatric rehabilitation hospital – Saskatchewan Hospital North Battleford. The facility is owned by the province and operated by Prairie North. SHNB, as it is known, is home to the province's Forensic Services program.

Key industries in PNHR are resource-based including oil and gas, agriculture and related service sectors, forestry, tourism and recreation. Public services such as health and education are significant elements of the northwest economy, along with the retail/business sector. Prairie North is home as well to strong and growing First Nations enterprises that are adding substantially to the region's economy.

Population Demographics

To meet the health needs of our residents now and into the future, we must understand our population: who our residents are, where they live, their age, their gender, and more. In the case of Prairie North Health Region, we must pay particular attention to the significant Aboriginal population, as we strive in partnership with Aboriginal communities and agencies to address their health care needs and the factors that influence health.

NOTE: With the exception of the specific section about Lloydminster (pages 26 and 27 of this report), the population data referred to in this section does NOT include the residents in and around Lloydminster on the Alberta side of the border.

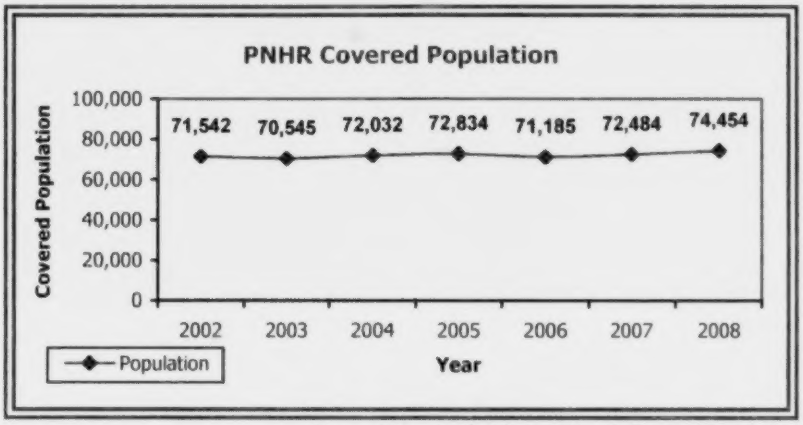
Additionally, Prairie North Health Region now has available its first comprehensive Health Status Report that provides a wealth of demographic information on the Region's population, along with a detailed look at the determinants of health, population health status, and the social, economic, and cultural context in which PNHR exists. The PNHR Health Status Report 2008 can be accessed at www.pnrha.ca

Total Population – Prairie North Health Region

According to the most current Saskatchewan Ministry of Health Covered Population report to the end of June 2008, Prairie North Health Region enjoyed the highest rate of population growth of any Saskatchewan health region over the previous year ending June 30, 2007. PNHR's population grew by 2.72% to 74,454 residents, compared to a provincial population growth rate of 2.06%. PNHR has the fourth largest population among Saskatchewan's 13 health authorities, all of which experienced population growth between June 30, 2007 and June 30, 2008. Prairie North residents represent 7.19% of Saskatchewan's total covered population of 1,035,544 as of the end of June last year.

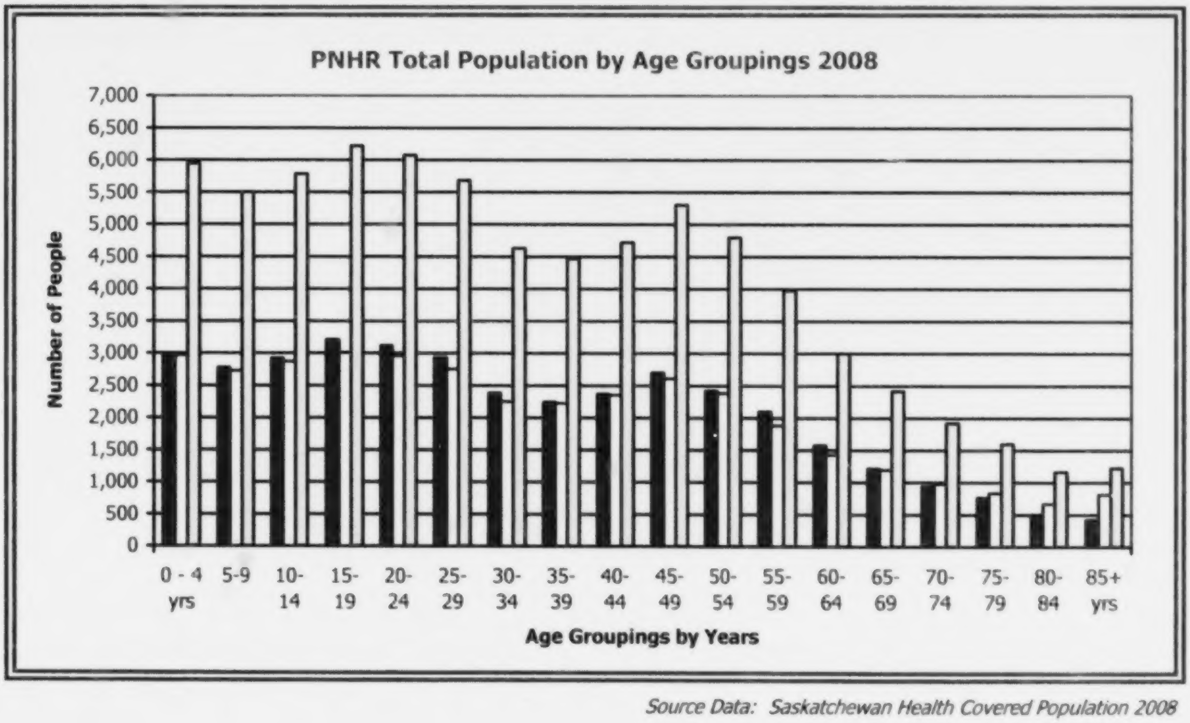
As the graph (right) depicts, the number of people living in Prairie North Health Region has been generally increasing since 2003.

PNHR's population was up as of June 30, 2008 by 1,970 residents, 9.42% of the total provincial population growth for the same period. Saskatchewan's population increased by 30,895 residents from June 30, 2007 to June 30, 2008.



Source Data: Saskatchewan Health Covered Population 2008, 2007, 2006, 2005, 2004, 2003, & 2002

Similar to the province as a whole, PNHR's population is divided almost equally between males (50.44%) and females (49.56%). The majority (41.5%) of Prairie North residents are between the ages of 20 – 49 years; nearly a third (31.5%) are aged from birth to 19 years; and just over a quarter (27%) are 50 years of age and over.



Source Data: Saskatchewan Health Covered Population 2008

Nearly half of PNHR's residents (49.11%) live in the Region's three largest communities of The Battlefords (North Battleford and Battleford together), Lloydminster (SK), and Meadow Lake. Just over one third (33.35%) of Prairie North citizens reside in the Region's towns, villages, resort villages, and rural municipalities. The remaining 17.54% of PNHR residents live in First Nation communities within the health region.

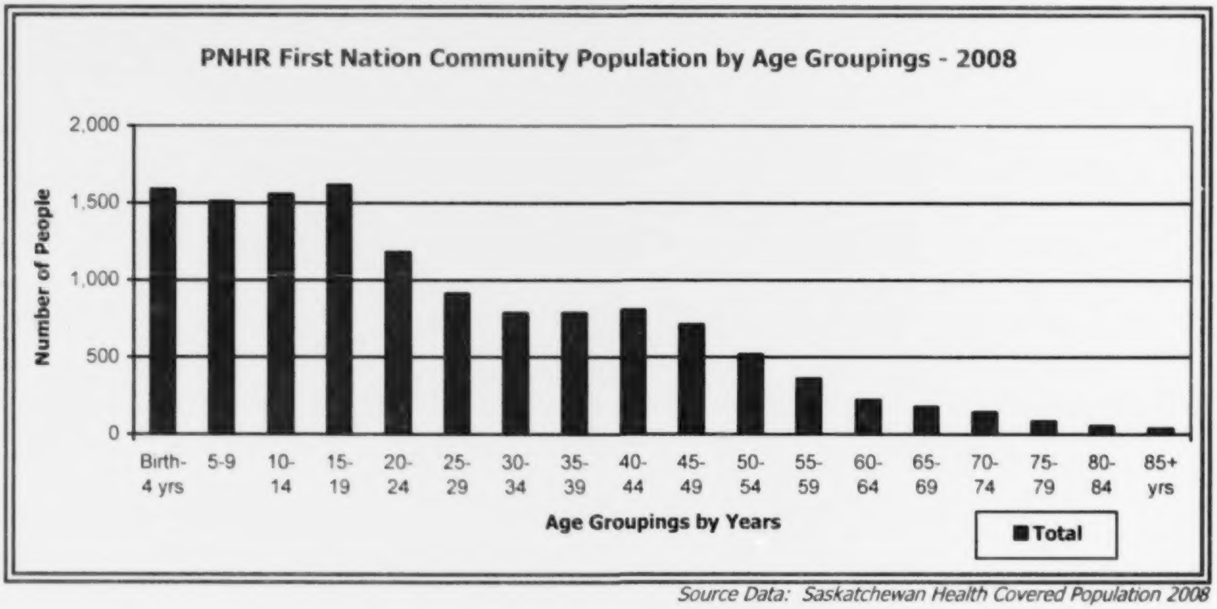
While the changes are slight, the percentage of Prairie North's population living in The Battlefords, Lloydminster (SK) and Meadow Lake rose in 2008 from 48.71% the previous year. The percentage of those living in the Region's towns, villages, resort villages, and rural municipalities slipped from 33.69. The percentage of the Region's residents living in First Nations communities declined from 17.60 in 2007.

Registered Indian & Aboriginal Identity Population - PNHR

Prairie North has the second highest percentage (24.15%) of Registered Indian population (17,978) among the province's 10 southern health regions, according to Saskatchewan Health Covered Population data at June 30, 2008. Only the percentages of the three northern health authorities and Prince Albert Parkland Health Region are greater. At June 30, 2007, PNHR's percentage of Registered Indian population was the highest among Saskatchewan's 10 southern health regions, with Prince Albert Parkland second. PA Parkland's percentage has risen to 24.4% as of June 30, 2008, while Prairie North's remained virtually unchanged from 24.17%.

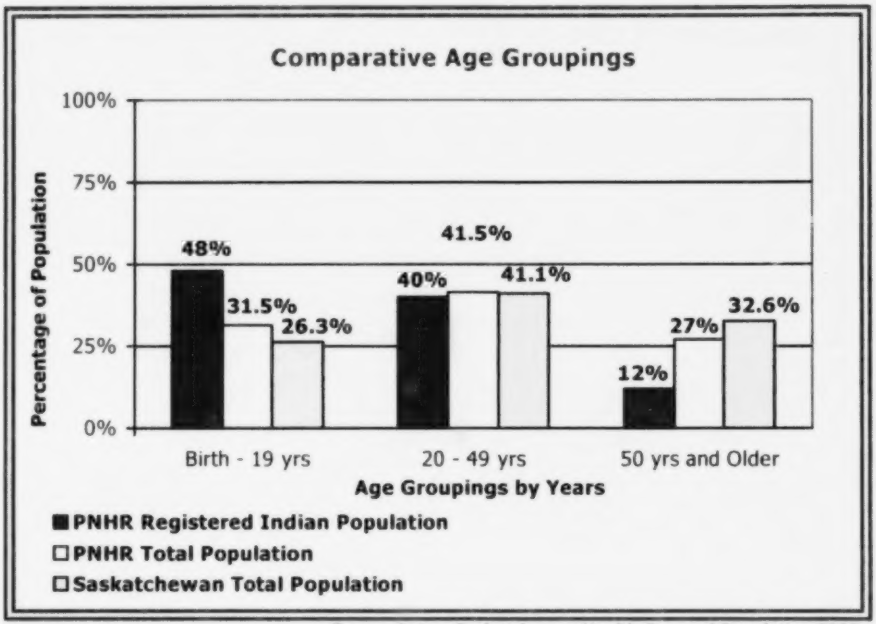
Overall, Prairie North's total Registered Indian population grew by 2.6% between June 30, 2007 and June 30, 2008, nearly on par with the Region's overall population growth rate of 2.72% for the same period. The percentage of Registered Indian residents in PNHR has been steadily increasing since 2003, and is more than twice that of Saskatchewan's total Registered Indian population at 10.66% which also grew June 2007 to June 2008 by a tenth of a percentage point.

The Saskatchewan Ministry of Health Covered Population statistics allow us to create a snapshot of our First Nations residents by age groupings. The data is important to the current and future development and provision of health services in partnership with our First Nations and overall health region population. Analysis of the data illustrated in the chart below reveals that nearly half (48%) of the 13,061 residents who live in First Nations communities within Prairie North Health Region are between the ages of 0 – 19. Forty per cent (40%) are ages 20 – 49. Only 12% are 50 years of age and older.



Source Data: Saskatchewan Health Covered Population 2008

Comparatively, First Nations communities in PNHR have a higher percentage of people in the birth to 19 year age groups than does Prairie North as a whole. PNHR has a larger Registered Indian population up to 19 years of age than does the province overall. The percentage of people ages 20 – 49 is approximately even for the Registered Indian population in PNHR, Prairie North as a whole, and Saskatchewan.



Source Data: Saskatchewan Health Covered Population 2008

Saskatchewan has a higher percentage of residents age 50 and over than does Prairie North. The Registered Indian population in Prairie North for this age group is less than half that of the Region as a whole, and only just over a third of the provincial level.

This demographic information is vital to planning and delivery of health services to meet the needs of a young First Nations population, and significant mid to retirement age groups in PNHR as a whole as they move toward and into retirement and their elder years.

The Registered Indian population discussed thus far in this report does not include individuals who identify themselves as Aboriginal but who are not Registered Indians. According to Statistics Canada's 2006 Aboriginal Population Profile, the percentage of Prairie North's total Aboriginal population is close to 29%, up slightly from its previous level of 28% in Statistics Canada's 2001 Aboriginal Population Profile. Detailed information regarding Prairie North's Aboriginal population can be accessed through the Statistics Canada website at www.statcan.gc.ca

Lloydminster

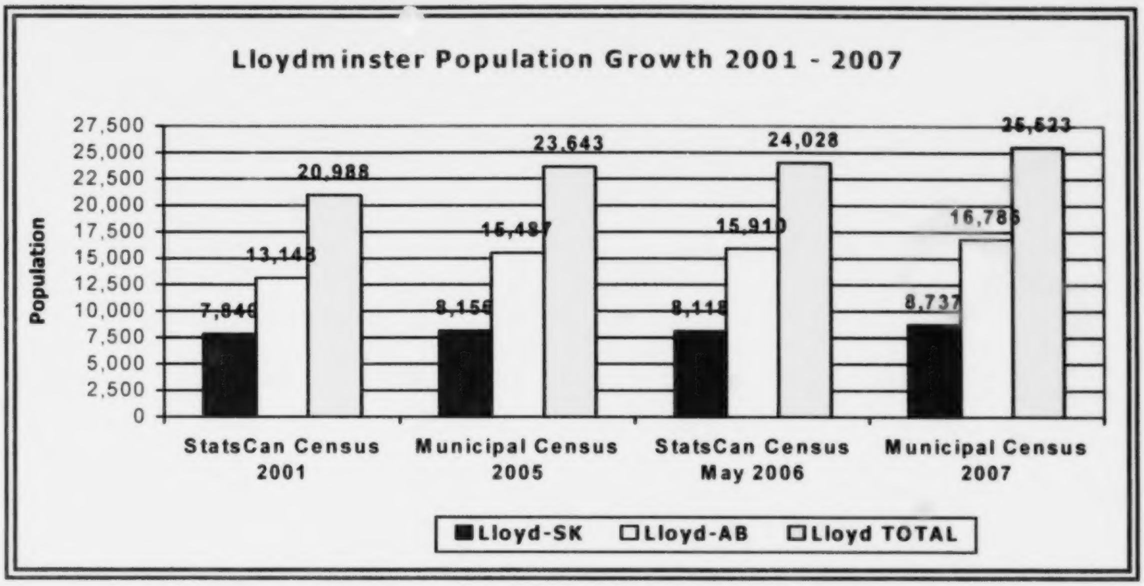
The demographic information discussed in the previous section of this Annual Report does not include the significant population on the Alberta side of Lloydminster, to which Prairie North provides service.

For the past several years, Lloydminster has been one of Saskatchewan's and Canada's most rapidly expanding communities. The city has experienced significant growth on both sides of the border and in surrounding areas.

To keep track of its population growth and the implications that growth has on the community, the City of Lloydminster is conducting a third municipal census in the spring of 2009. The 2007 municipal census indicated that Lloydminster's population continued to climb, as illustrated in the table on the following page.

The 2007 Lloydminster municipal census records a 21.6% increase in the city's total population over the 2001 Statistics Canada data. Dividing the city by province, the municipal census shows an 11.4% population rise during the same period for the Saskatchewan side of Lloydminster. The city's population on the Alberta side has risen by 27.7% over the same time frame.

Year over year, comparing the 2006 Statistics Canada Census with the 2007 Lloydminster municipal census, the population increases are 6.2% for the city as a whole; 7.6% for the Saskatchewan side of Lloydminster; and 5.5% for the Alberta side. Lloydminster municipal census 2005 to municipal census 2007 records a 7.95% increase in population for the entire city: 7.12% for the Saskatchewan side and 8.39% for the Alberta side.



Source Data: Statistics Canada Census 2001 and 2006; City of Lloydminster Municipal Census 2005 and 2007

When considering the population served by Prairie North Health Region relating to the Border City, the rural area surrounding Lloydminster and the significant "shadow" population in and around the city on both sides of the border must also be included. It is difficult to put a total figure on the Lloydminster service area population, depending on how that service area is defined. The population could range from roughly 37,000 to nearly 96,000, according to the June 2007 Functional Program and Master Plan for Lloydminster Hospital. The shadow population is even harder to determine, consisting of individuals who work in the community and area during the week and access health services at Lloydminster, but who have permanent addresses elsewhere.

In planning for and delivering health services to Lloydminster, factors beyond its rapid growth must also be taken into consideration. The age of its population is one such element. According to the 2007 Lloydminster municipal census, 51% of its residents are between the ages of 20 – 49; nearly a third (27.8%) is between 0 to 19 years of age; and the remaining 21.2% is 50 years of age and older.

In comparison with statistics noted earlier in this report, Lloydminster has a lower percentage of residents age 50 years and over than does Prairie North as a whole (21.2% and 27% respectively). Lloydminster has a greater percentage of residents ages 20 – 49 years (51% compared to 41.5% for PNHR). The percentage of Lloydminster residents in the 0 – 19 years age groups is less than PNHR as a whole (27.8% compared to 31.5% for PNHR).

External Influences on Prairie North Health Region

Growth and Prosperity

- Saskatchewan led the country in economic growth in 2008.
- Saskatchewan's population grew in the past year to its highest level since 1988.
- Saskatchewan recorded its highest jump in immigration levels since records were kept in 1962.
- Saskatchewan is the only Canadian province with more people working May 2009 over May 2008.
- Saskatchewan's unemployment rate is second lowest in the country.
- Saskatchewan is the only province most major forecasters predict to post economic growth for 2009.

- Government of Saskatchewan News Releases March 2009– May 2009

Saskatchewan's prosperity and success influences the health sector on many fronts: from the financial resources available, to the increase in population and growing demand for services, to the number and availability of health care professionals and others to fill health system jobs, to the social trends and issues increased prosperity brings, and to the heightened expectations of individuals and communities.

Prairie North Health Region is pleased and proud to share in our province's success. As a vital contributor to that growth and prosperity, Northwest Saskatchewan and PNHR eagerly anticipate continuation of this trend.

National and international economies, however, have experienced a significant downturn since the fall of 2008. Alberta's economy has slowed as has development in the oil and gas sector in and around Lloydminster. While Saskatchewan and Prairie North are not immune to the economic challenges faced by other jurisdictions, the province is expected to stay on track over the coming year.

These external factors influence the priorities and strategies of Prairie North. The slowdown in Lloydminster may allow the Health Region to catch up somewhat with the demand on health programs and services that has accompanied the city's rapid growth. Potential employees may be more readily available, particularly in the support services sector. A slower pace to wage growth outside the health sector may also help make career choices and employment in the health system more attractive to potential employees.

Additionally, across the Region, the availability of skilled trades and costs for construction materials for capital projects has eased somewhat from its peak in 2007-08. More trades people and contractors may be available from other provinces as demand for those workers declines elsewhere. Costs for projects may also cease to rise as quickly as they had prior to fall 2008. These considerations factor in to Prairie North's capital purchases and project plans.

Patient First Review

Prairie North Health Region works in partnership with the Ministry of Health and must be in tune with provincial strategies and priorities. In 2008-09 and going forward, much emphasis and activity at the Regional level has been on the Ministry's Patient First Review. The Review was launched in November 2008 and consists of two parts. The first is to focus on issues and challenges in the health system from the perspective of patients, their families and advocates, based on their experiences with the system. The second part of the independent review will examine administration in health care and identify efficiencies, constraints and opportunities for improvement.

PNHR has participated in the Review thus far and looks forward to the opportunity the Review will engender to refocus the health system on the patient and improve administration in health care. The final report of the Review is to be presented to the Minister of Health in mid-2009.

SUN/Provincial Government Partnership Agreement

The SUN/Provincial Government Partnership Agreement is an opportunity for Prairie North Health Region to stabilize its nurse workforce. The Government and SUN negotiated the landmark Partnership Agreement in February 2008 as part of a comprehensive nursing recruitment and retention strategy to stabilize and rebuild the registered nurse/registered psychiatric nurse (RN/RPN) workforce in Saskatchewan. The Partnership Agreement includes specific targets for recruitment and retention of 800 RNs/RPNs in four years and provides each Health Region with a combination of hiring targets and funding to meet the specific targets.

Prairie North is working under the agreement to fulfill its obligations to create new nursing positions and work with local SUN officials and representatives to identify opportunities, determine priorities, develop options, seek funding and jointly implement initiatives that address RN/RPN retention and recruitment issues.

Essential Services Legislation and Collective Bargaining

On May 14, 2008, the Saskatchewan Government passed Bill 5, *The Public Services Essential Services Act*. The legislation is intended to ensure that in the event of a strike, essential services are provided so the public is not at risk. The essential services legislation applies to unionized workplaces that provide a public service and includes four categories:

- Danger to life, health or safety;
- Destruction of equipment or premises;
- Serious environmental damage; and
- Disruption of the courts.

The legislation applies to the health sector and has significant impact on its numerous components, including health regions. Under the new legislation, Prairie North worked diligently in 2008-09 to become familiar with the Act's requirements and to change the way the health region prepares for potential job action by its unionized employees. This required the expenditure of considerable time and resources over much of the year.

At the end of March 2008, provincial collective agreements expired with Saskatchewan's registered nurses and the health system's provider unions. Saskatchewan health regions undertook due diligence and prepared action plans in the event of potential job action. SUN and SAHO achieved a new collective agreement in July 2008.

Prairie North's provider union CUPE and SAHO began their negotiations later in the year, but to the end of March 2009 had not yet reached agreement on a new contract. The Region has thus far prepared for any potential job action under the requirements of the essential services legislation.

Accelerating Excellence/Quality As A Business Strategy

As part of the Saskatchewan health system's focus on the patient first, patient and workforce safety, and quality, the Ministry has moved toward an emphasis on "Accelerating Excellence." Numerous initiatives are encompassed under the Accelerating Excellence umbrella. These include Lean strategies, the Productive series and Releasing Time to Care, Qmentum, and Quality As A Business Strategy (QBS).

Saskatchewan's Health Quality Council (HQC) has launched the QBS initiative supported by the Ministry to embed 'Quality' in everything we do. QBS aims to refocus Saskatchewan's health system on improving quality care and service throughout. QBS was introduced to the health regions by HQC through an orientation workshop in October 2008. Prairie North has since committed to participating in the 18-month collaborative to learn more about QBS. Ultimately the PNHR QBS Leadership Team wants to use QBS to realign the Region's efforts in improving quality, enhancing safety, engaging staff, and adding value for patients/clients throughout the health care and service experience.

Accreditation

The Health Region is influenced by requirements of accreditation and growing national and provincial focus on safety, requiring expenditure of greater time and resources on infection control, medication reconciliation, and required organizational practices (ROPs), to name a few. As Accreditation Canada changes to the new Qmentum program, additional ROPs must be met requiring review and in some cases revision of policies, procedures and practices impacting all the way through the system to the point of care.

Neighbouring Health Regions

Challenges being faced by neighbouring health regions and communities to the north continue to impact Prairie North. The Region has been called upon to provide administrative support, as well as information technology support for Keewatin-Yatthe Health Region. Additionally, as northern communities struggle to maintain patient/client services due to human resource limitations, residents of those communities turn to nearby centres such as Meadow Lake for health care services. This pattern impacts Prairie North's ability to provide service and must be taken into account in planning and resource allocation as the trend continues.

Alberta

As noted earlier in this report, significant change occurred over the past year to the health system in Alberta. Governance and organization of the Alberta health system became the responsibility of the new Alberta Health Services Board, eliminating that province's former health regions and their Boards. Transition of the Alberta system resulted in consternation for Prairie North Health Region in no longer having a direct conduit into Alberta to meet the needs of that province's residents in and around Lloydminster. Requests for additional funding for service expansion at Lloydminster were outstanding for most of the year.

Going forward, the relationship and communication channels with the Alberta Health Services Board and Alberta Health and Wellness (the Ministry accountable for health services and responsible for the AHSB) continue to be unclear. Prairie North is working through the Saskatchewan Ministry of Health to clarify those linkages and resolve outstanding issues relating to the provision of and jurisdiction over health services in Lloydminster.

Additionally, challenges remain in functioning under differing legislation, policies, procedures, reporting requirements, collective agreements, directions and priorities of the Alberta health system as they relate to Lloydminster. PNHR continues to struggle with these anomalies on a daily basis. Clarity is required to ensure PNHR is working with a consistent, single set of rules, regulations, service provision and reporting requirements on both sides of the border.

Community Interest Groups, Demands and Expectations

Prairie North is impacted by and must take into consideration the interests, demands and expectations of its communities in planning and delivering services. Over the past year a second community health advisory group was formed in Lloydminster under the auspices of City Council, lobbying for changes in governance and administration, and delivery of some health services for residents in and around the Border City. Communication channels are open between PNHR and the new Lloydminster City Council Health Advisory Committee (LCCHAC), as well as with the Lloydminster and District Health Advisory Committee. The two committees have differing mandates and roles; however, some overlap is inevitable.

PNHR facilitated a meeting requested by the LCCHAC in August 2008 between the Saskatchewan and Alberta Health Ministers and members of the City Council Health Advisory Committee. On the table for discussion were Lloydminster's unique bi-provincial health care issues. The Ministers pledged to work more closely together to address matters that impact the delivery of health services in Lloydminster, in concert with the Saskatchewan and Alberta MLAs, Prairie North, and the community as a whole.

Lloydminster Site Chief of Staff Dr. Mark Chapelski (from left) and Lloydminster Hospital Director of Acute Care Services Lois Sonnega tour Lloydminster AB MLA Lloyd Snelgrove, Lloydminster SK MLA Tim McMillan, Alberta Health Minister Ron Liepert, and Saskatchewan Minister of Health Don McMorris around Lloydminster Hospital.

In Meadow Lake, the community is pressing for establishment of a satellite renal dialysis unit at Meadow Lake Hospital to serve local and area as well as northern residents. In the year ahead, PNHR will work with the Meadow Lake and District Community Health Advisory Network to hold a public meeting in Meadow Lake with officials of the Saskatoon Health Region Renal Program to present information and discuss the dialysis question.

Memorandum of Understanding on First Nations Health & Well-Being in Saskatchewan

The Memorandum of Understanding (MOU) on First Nations Health & Well-Being in Saskatchewan is a tripartite agreement between The Federation of Saskatchewan Indian Nations (FSIN), the Government of Canada and the Government of Saskatchewan signed on August 19, 2008. The purpose of the MOU is to improve the health and well-being of First Nations people and eliminate the disparity in health status between First Nations and other Saskatchewan residents. The MOU also aims to adapt and better integrate health and wellness programs of all jurisdictions, and establish a planning process to develop a 10-year First Nations health and wellness plan. A further aim is to improve the recruitment, retention and participation of First Nations in the health system.

For Prairie North Health Region, the MOU is an opportunity and a commitment to strengthen and expand collaboration with local First Nations people to improve health status, reduce barriers, and recruit into the workforce. PNHR is represented on the provincial committee with the Ministry of Health in regard to the MOU.

As it has in past years, Prairie North must continue its work toward cultural awareness and inclusion of its growing Aboriginal population in the Region's initiatives to achieve a representative workforce. The Aboriginal demographic is an opportunity for Prairie North and the entire province to help meet the demand for human resources. PNHR must further prepare its workplaces to be welcoming, sensitive and supportive to the cultural diversity of its expanding workforce. The Region must work with its communities to achieve these same goals in order to help retain these new employees/new residents of our villages, towns and cities.

Health Status and Outcome Indicators

Health Status and Outcome Indicators provide a broad view of the health of Prairie North's population. Many factors influence a population's health, including education, employment and income levels, where we live, the state of our environment, our genetics, our relationships with friends and family, and more.

A health region's role in influencing and determining the health status of its population is limited but important. As Prairie North's Vision of "Healthy people in healthy communities" indicates, the Region strives to improve the health of its population. We must monitor and report on health status and outcome measures to help us establish our direction and priorities in moving toward our Vision.

These measures help us identify areas of concern, anticipate health needs, plan for services and programs, and target initiatives to improve the overall health of our population.

NOTE: The source documents used by PNHR in creating the summary of health status and outcome indicators are prepared by the Saskatchewan Ministry of Health. They are: Performance Management Accountability Indicators (May 15, 2009) and Performance Management Accountability Indicators Data Tables (May 15, 2009). Please refer to the Source documents for details on the indicators, calculations, and methodology.

Infant Mortality

Infant mortality rate is among the most widely recognized indicators of the overall health of a population. It is calculated as the number of infant deaths over three consecutive years, divided by total live births over the same three years, multiplied by 1,000.

Infant mortality rates reflect not only the level of infant deaths, but also the health status and health care of a population, the effectiveness of preventive care, and the attention paid to maternal and child health. Broader social factors such as maternal education and smoking also impact infant mortality. An infant death serves as a warning of possible deficiencies in the physical and socio-economic environment, nutrition, education, or health of a community. Achieving a reduction in the infant death rate requires a multi-faceted approach.

Infant Mortality Rate Per 1,000 Live Births
Three Year Average

	2002 - 2004	1999 - 2001
PNHR	**7.5**	**4.5**
Saskatchewan	5.9	6.2

At 7.5 infant deaths per 1,000 live births, the PNHR rate for 2002 – 2004 is higher than the provincial average, and markedly higher than the 1999 - 2001 interval. Prairie North has focused on its pre- and post-natal maternal/child programs including health promotion initiatives to try to positively impact the indicator from the health perspective. The Region is working to strengthen its community development initiatives and partnerships to influence health determinants like poverty, nutrition and education that are factors in infant deaths.

Life Expectancy

Life expectancy is a widely used indicator of the health of a population. It measures the quantity or anticipated length of a person's life, not the quality. In Canada, life expectancy rates for the population are increasing. Life expectancy is higher for women than for men, and increasing rates of life expectancy have an impact on the proportion of elderly people in the population.

According to the most recent life expectancy statistics available for this year's PNHR Annual Report, the life expectancy of males at birth in 2001 rose from 1997, along with the provincial average, and was only slightly below the provincial number. For females in Prairie North for 2001, the life expectancy at birth rose to a lesser extent than it did for males, but remained higher than the life expectancy for males. The life expectancy at birth for females in PNHR is a full year lower than the Saskatchewan average, and is the lowest among the 10 southern health regions in our province.

At age 65, the life expectancy for both men and women in Prairie North Health Region as of 2001 is below the provincial average and fell from 1997 levels. Between 1997 and 2001, the provincial life expectancy for males and females at age 65 rose. In 1997, females' life expectancy in Prairie North at age 65 was identical to the provincial average, while the life expectancy at age 65 for males in Prairie North exceeded the provincial average. PNHR must continue to monitor its life expectancy levels to determine if a downward trend exists in life expectancy for men and women at age 65. This would be an area of concern for Prairie North if the numbers continue to decline. The Region would have to look at why and explore initiatives to reverse such a trend.

Life Expectancy At Birth and At Age 65 Years

	At Birth (2001 Statistics)		At Birth (1997 Statistics)		At Age 65 Years (2001 Statistics)		At Age 65 Years (1997 Statistics)	
	Males	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**
PNHR	**76.0 yrs.**	**80.8 yrs.**	**74.5 yrs.**	**80.6 yrs.**	**16.8 yrs.**	**20.0 yrs.**	**17.1 yrs.**	**20.7 yrs.**
Saskatchewan	76.2 yrs.	81.8 yrs.	75.6 yrs.	81.4 yrs.	16.9 yrs.	20.9 yrs.	16.6 yrs.	20.7 yrs.

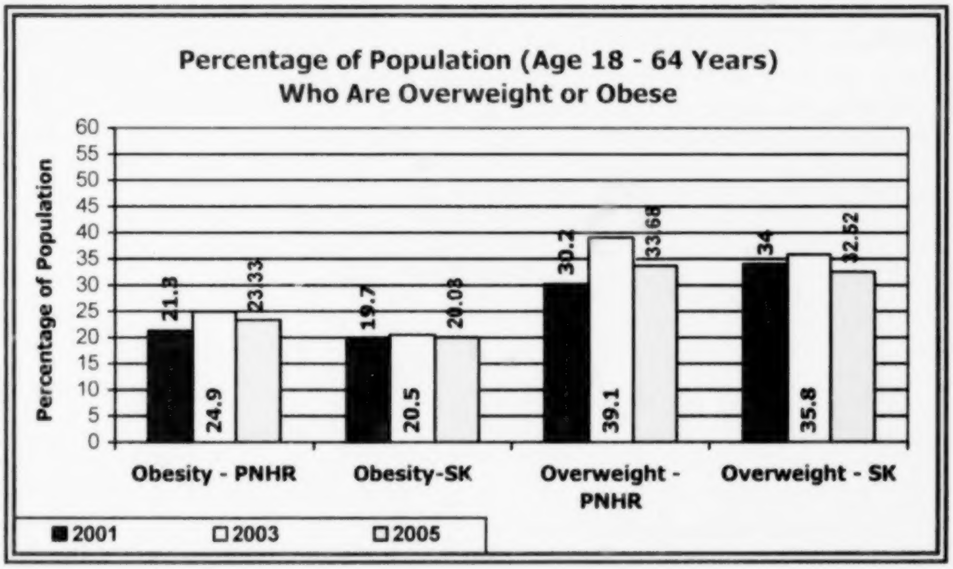
Overweight and Obesity

Obesity has been identified as a major risk factor contributing to a number of chronic illnesses such as type II diabetes and heart disease. Obesity may also impact on conditions including osteoarthritis and other joint disorders, mental health, and quality and quantity of life. Reducing the risk of obesity decreases the risk of a number of chronic conditions such as cardiovascular disease, type II diabetes, and certain types of cancer.

Body Mass Index (BMI) is the most common method of determining if an individual's weight is in a healthy range. The current standard for an individual to be considered overweight is a BMI of 25 to 29.9. The standard for obesity is a BMI of 30 and over.

According to 2005 data from the Saskatchewan Ministry Health, approximately one-third of Prairie North's population is overweight, with nearly one-quarter identified as obese. The PNHR rates have fallen slightly from the levels recorded in 2003 which had shown an increase from 2001 due in part to a change in the lower end of the age range from the previous age 20 used in 2001, to 18 used in 2003 and 2005. Prairie North's rates of overweight and obesity are only fractionally higher than the provincial rates which are down as well from 2003. Just under one third of Saskatchewan residents are overweight; a further one-fifth are obese.

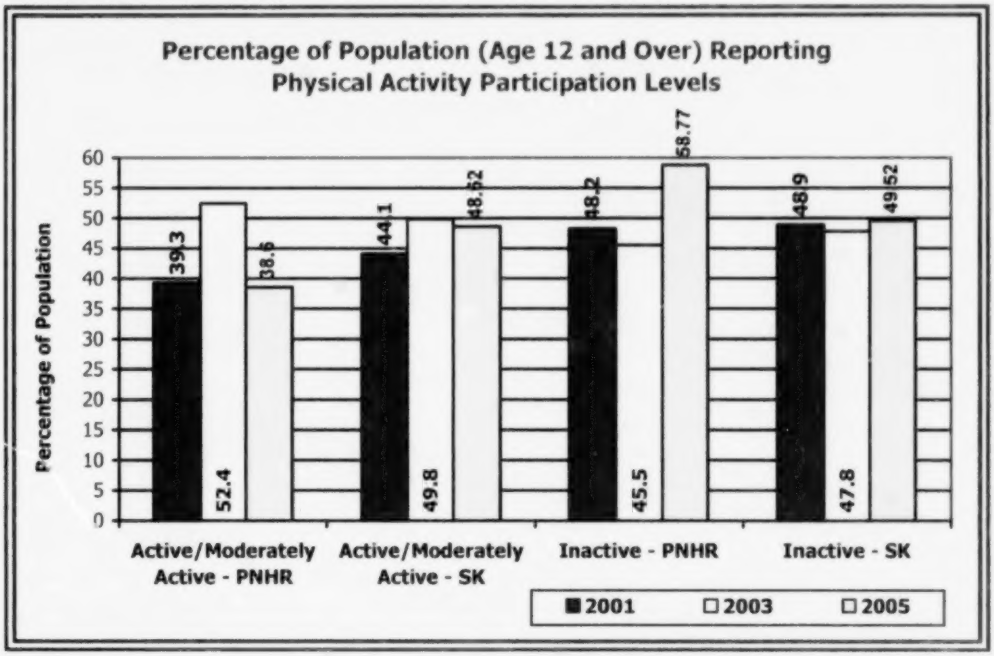
While the decline in overweight and obesity rates in PNHR and the province is positive and may signal success around increased awareness of the need to reduce overweight and obesity, the percentages remain significant.



Emphasis must continue to be placed on healthy food choices and increased levels of activity for our population. High levels of overweight and obesity pose major challenges in the long-term provision of health services to help manage and care for chronic conditions that often result.

Physical Activity

Closely linked to overweight and obesity is physical activity, or a lack thereof. Inactivity is a major risk factor for obesity, diabetes, and heart disease. Maintaining physical activity is associated with a range of health benefits including improved heart health and mental health. Increased participation in physical activity is also associated with a reduced incidence of high-risk behaviours such as smoking, alcohol and substance abuse, and inadequate dietary practices among teenagers and youth in general. Physical activity tends to decrease with age.


Percentage of Population (Age 12 and Over) Reporting Physical Activity Participation Levels

As of 2005, nearly 40% of Prairie North residents identify themselves as active or moderately active, while nearly 60% describe themselves as inactive. Provincially, the comparison is about 50/50, with slightly more active than inactive, changed only slightly from 2003.

In Prairie North however, the percentage of people who are now active has dropped sharply (by over 12%) in 2005 compared to 2003 levels, while the population that identifies itself as inactive has risen by that same 12%. Nationally, the portion of our population which claims it is active/inactive remains at about 50/50. Based on the 2005 statistics, Prairie North must continue a strong emphasis, through our Population Health Promotion initiatives, on encouraging and supporting our population in increasing physical activity.

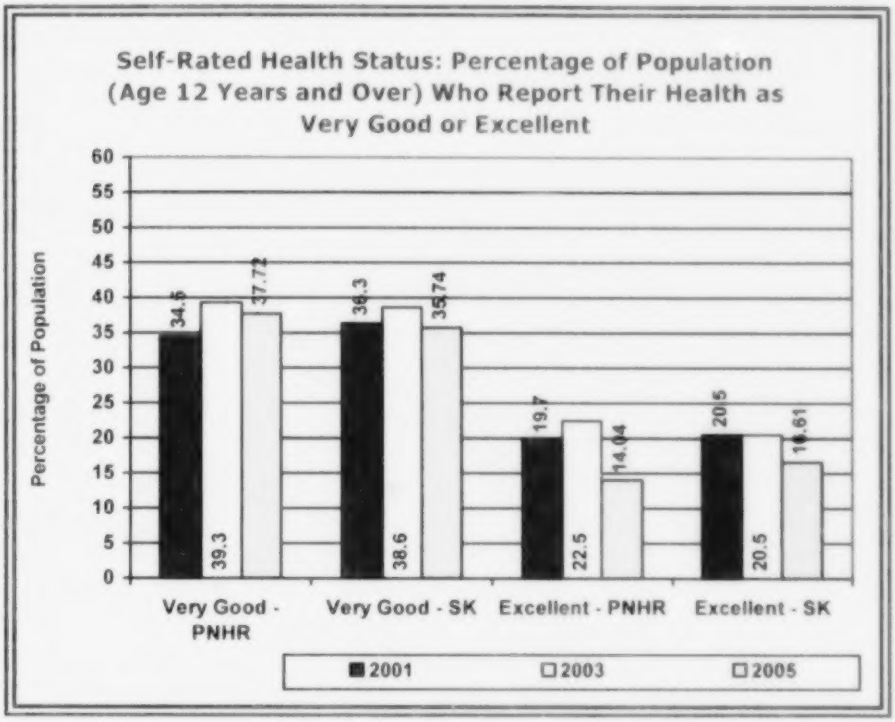
Self-Rated Health Status

Self-reported health is a general indicator of the overall health status of individuals. It is collected using a five-point reporting scale, ranging from excellent to poor. Self-reported health tends to be influenced by age. Increasing age tends to lead to consideration of one's health as less than very good or excellent. In adolescents, girls tend to report lower levels of health than their male counterparts.

Physical activity and nutrition are linked with higher levels of self-reported health status. Lifestyle factors including smoking, excessive drinking, and drug use have been associated with lower ratings of self-perceived health. Depression has been associated with reduced odds of reporting excellent or very good health, especially in women. Prevalence of chronic conditions is reflected in perceived health status. Higher family income has also been associated with better self-evaluation of health status.

Prairie North Health Region continues to have a higher percentage of its population rank its health as very good, than does Saskatchewan's population as a whole. However, rankings for both the Region and the province declined slightly in 2005 from their 2003 levels. Similarly, smaller percentages of PNHR's and Saskatchewan's population rated their health as excellent in 2005, compared to 2003.

Saskatchewan's rate of excellent self-rated health status fell from consistent levels of 20.5% in 2001 and 2003, to 16.61% in 2005. Prairie North's level of excellent self-rated health status dropped even more sharply, from a high of 22.5% in 2003, to only 14.04% in 2005. National ratings of excellent health status also declined over the same period to just under 20%, while the country's percentage of health status rated at very good edged upward to 37%. Compared to the national numbers, residents of Prairie North rate their health status as slightly better than that of the country in terms of being very good, and considerably lower than that of the nation in terms of excellence.


Self-Rated Health Status: Percentage of Population (Age 12 Years and Over) Who Report Their Health as Very Good or Excellent

Diabetes Prevalence Rate

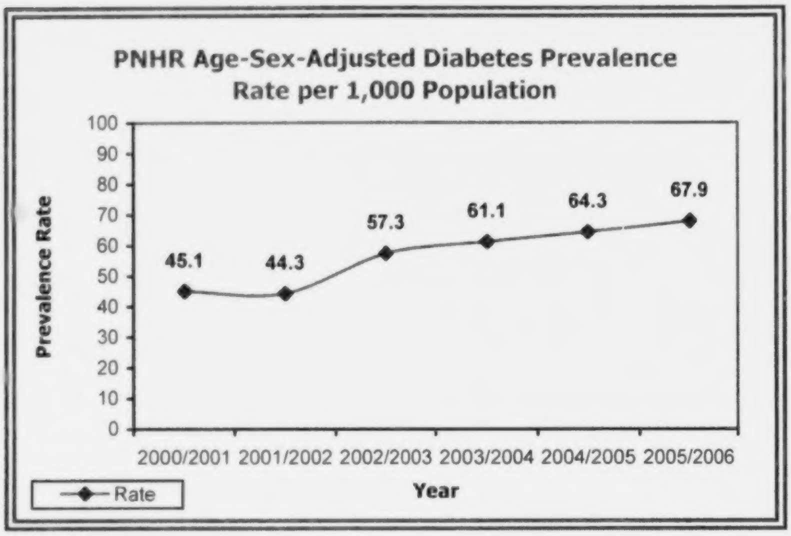
Diabetes is a progressively debilitating disease associated with several other comorbidities or chronic disease complications, including limb losses through amputation. Diabetes carries high utilization costs and quality of life implications.

Incidence and prevalence of diabetes tends to increase with age. Individuals who have diabetic first-degree relatives tend to carry a higher risk of developing diabetes than those without. Individuals with long-standing obesity are at high risk of developing diabetes. A high carbohydrate, high fat and low fibre diet could also predispose individuals to diabetes. Sedentary lifestyle in combination with other factors is also associated with high risk of developing diabetes. Other risk factors toward diabetes include smoking, alcohol, hypertension, heart disease, gestational diabetes and stress.

First Nations and non-Caucasian individuals have a higher risk of type II diabetes than Caucasians. The risk is reversed in type I diabetes. Sex-specific diabetes prevalence rates are generally higher in males than in females, especially in type II diabetes.

According to 2005-06 statistics from Saskatchewan's Ministry of Health, Prairie North continues to experience an increase in the prevalence rate of diabetes. Prevalence rates indicate the number of individuals per 1,000 people who have a certain condition. The age-sex-adjusted rate takes into account differences in age and sex distributions between Saskatchewan's 13 health authorities.

Prairie North's age-sex adjusted diabetes prevalence rate remains third highest in the province, where it has been for each of the six years identified.



High or rising diabetes prevalence rates put pressure on the health system to increase health services related to the disease, including chronic disease management, diabetes education, renal and cardiac care. Additionally, strategic direction must focus on reducing the risk factors for diabetes such as obesity, physical inactivity, and nutrition. With Prairie North and Saskatchewan's growing First Nations population and the propensity for diabetes to afflict Aboriginal peoples, the necessity exists to work ever more closely with First Nation communities to deal with the risks and results of the disease for this significant sector of our citizens.

Emerging Health Issues

Infection Prevention and Control

Preventing infection and addressing issues related to infection control has become an ever increasing priority for health systems across Canada and around the world. Prairie North Health Region continues to strengthen its infection prevention and control program in collaboration with the Ministry of Health. The past year was a very busy one for the PNHR program.

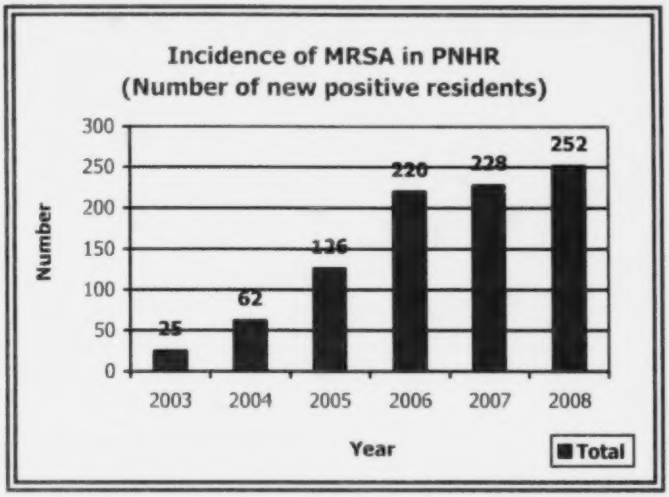
Reuse of Single Use Medical Devices

At the end of October 2008 following reports of reuse of syringes in another jurisdiction, concern arose in PNHR that syringes were being reused during anaesthesia in at least one operating room in Prairie North. The use of outdated practices in two facilities were immediately identified and halted. All other Saskatchewan health regions were asked to review their practices around reuse of single-use medical items. Four discovered and halted similar practices. An investigation into past practices and the risk of transmission of blood borne pathogens to patients was led by the Saskatchewan Ministry of Health with final results to be available in 2009.

Antibiotic Resistant Organisms & Other Organisms of Concern

Surveillance and management of antibiotic resistant organisms (MRSA and VRE) and other organisms of concern such as Clostridium *difficile* (CDAD) within health care facilities continues. In PNHR hospitals in 2008, 59 cases of methicillin resistant staphylococcus aureus (MRSA) were recorded, as were 13 cases of vancomycin resistant enterococci (VRE), and eight cases of CDAD. PNHR actively contributes to the provincial initiatives aimed at accurately identifying and reporting these infections and developing effective interventions to decrease their incidence in our facilities.

MRSA has been present in Saskatchewan for many years. The organism was seen primarily in hospitals until about seven years ago when new strains began to appear in the community. 'Community-associated' MRSA was first detected in northeastern Saskatchewan and has moved across the northern parts of the province. In the past two to three years, a new strain of MRSA entered Prairie North Health Region from the west.



Institutional Outbreaks

Outbreaks of infectious disease are uncommon but have always occurred in health care facilities. Following outbreaks of gastrointestinal illness in North Battleford and respiratory disease (SARS) in Ontario a few years ago, the Saskatchewan Ministry of Health directed that all outbreaks must be reported. Health care facilities were provided with guidelines to help determine the source of the outbreak and to limit the spread of infection as quickly as possible in order to minimize illness and deaths of residents, patients and staff.

Outbreaks in PNHR Facilities

	2004	2005	2006	2007	2008
Enteric (GI) Infection Outbreaks	6	2	5	6	3
Respiratory Infection Outbreaks	0	2	3	1	4
Other (Scabies, Conjunctivitis)	---	---	---	---	2
TOTAL	**6**	**4**	**8**	**7**	**9**

Following an outbreak, public health and infection prevention and control staff lead a session with facility staff to look at 'lessons learned' to try to prevent future outbreaks and improve response when outbreaks do occur.

Pandemic Influenza

The world continues to hear about the probability of an influenza pandemic occurring sooner rather than later somewhere on our planet. Pandemic influenza is virulent human flu that causes a global outbreak – pandemic – of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.

The message has long been "be prepared" at the international, national, provincial, regional, and local levels. The world has experienced pandemics before and the presumption is that they will happen again.

The most recent 'wake up calls' for pandemic preparedness have been the SARS outbreak that spread from Guangdong province of China to 26 countries including Canada between November 2002 and July 2003. H5N1 Avian influenza reappeared in 2003 in Asia, Europe and Africa. The number of human cases of H5N1 has been declining over the past three years, but jurisdictions, including Saskatchewan Regional Health Authorities continue to be advised to have their pandemic plans and preparations in place.

The Ministry of Health is the lead agency in Saskatchewan with interaction with other government ministries/agencies and health regions. PNHR continues to make limited progress toward completion of its pandemic plan.

West Nile Virus

The summer of 2008 saw only a small number of human cases of West Nile virus (WNV) in Saskatchewan and none in Prairie North Health Region. The primary factor was the cool summer weather.

In 2009 and beyond, weather conditions will continue to be the main driver for mosquito development and WN virus activity. Mosquito control and use of personal protective measures are effective in reducing the infection rate.

West Nile Virus Human Cases

	2003	2004	2005	2006	2007	2008
PNHR	**15**	**0**	**0**	**2**	**60**	**0**
Saskatchewan	947	5	60	20	1,436	17

PNHR remains an active participant in the surveillance and prevention efforts for WNV in Saskatchewan.

2007-08 Performance Results

Prairie North Health Region embraces the opportunity to be accountable through the Annual Report for the initiatives we pursue, the dollars we spend, and the results we achieve. The information which follows demonstrates our accountability and communicates our progress toward our goals.

Each spring through annual plans and budgets consistent with our Strategic Plan, Prairie North sets out a series of activities and initiatives to help us move further toward achieving our Goals. The Goals are directed toward actualizing our Vision of "Healthy People in Healthy Communities."

As we implement the elements approved in the annual Operating, Capital Management, and Capital Equipment Plans and Budgets, and the numerous program plans, we monitor our progress and make adjustments required along the way. As we prepare the coming year's plans and budgets, we assess the degree to which we have been able to meet our annual plans in accordance with our Strategic Direction. Only by monitoring and assessing where we are can we tell how far we have come, and how far we have yet to go.

The results are used to help us map our priorities for the coming year and years ahead, in the overall context of our Strategic Plan. Adjustments are made to accommodate competing or changing priorities. The Strategic Plan itself is reviewed and revised to provide the overall direction for the annual plans.

All of this is done in collaboration with the Saskatchewan Ministry of Health and in concert with the funding dollars provided through government. We monitor our progress and evaluate the results so that all of our stakeholders can assess our success. That success is measured not only in terms of whether we initiated or completed what we said we were going to do but, more importantly, that our actions and initiatives have a positive impact on the health of our patients and communities, and on the care and service we provide.

Goal 1 — Improved Access to Quality Health Services

Improving access to quality health services is first and foremost about the patients, residents and clients we serve. It is about providing individuals with the care they need when they need it, in as timely a fashion and as efficiently and effectively as possible, by the right health professional or team of health professionals, with the right skills, expertise, and equipment, and in the most appropriate location. It is also about that service being the best we can provide with the resources we have. The client is the focus.

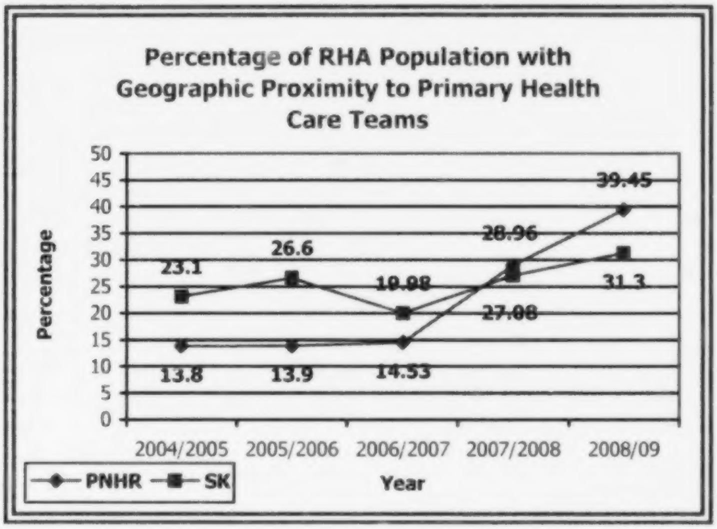
Most often, enhancing access equates to improving the way we provide service; targeting specific issues, areas, and opportunities; and integrating our expertise through teams and collaboration. Ensuring quality focuses on meeting or exceeding professional standards, and using best practices in all that we do.

Prairie North Health Region continued to make significant progress in 2008-09 toward reaching our Goal of Improved Access to Quality Health Services. We did so through continued expansion of Primary Health Care and introduction of new services and programs to meet patient demand. We emphasized refinement of care and service delivery, and sought opportunities to make improvements wherever we could. We continued to emphasize collaboration and team approaches to better coordinating, planning and delivering services to patients and clients.

Primary Health Care

Prairie North Health Region is committed to maintenance and expansion of Primary Health Care (PHC) services and the Primary Health Care model with the individuals, families, communities and populations we serve.

Building on its success in 2007-08, the Region was again successful in 2008-09 in increasing the percentage of its population with access to primary health care teams and services. Nearly 40% of PNHR residents now live in geographic proximity to Primary Health Care (PHC) Teams. The figure is the third highest in Saskatchewan and is above the provincial average of 31.30%. The provincial target was 25% of Saskatchewan residents with access to primary health care teams by 2006, and 100% by 2011.



The improvement in access to PHC teams is the result of addition of a fifth Primary Health Care site in Prairie North in the past year. The Turtleford/St. Walburg/Edam area of PNHR is the Region's newest Primary Health Care site. It offers Primary Health Care physician services in all three communities and adds the services of a Registered Nurse/Nurse Practitioner shared between all three centres as well.

Prairie North's other PHC sites are Goodsoil, Loon Lake, the Battlefords Family Health Centre in downtown North Battleford, and the Primary Health Centre at Frontier Mall, North Battleford.

Addition of the Turtleford/St. Walburg/Edam site in January 2009, plus opening of the Primary Health Centre at Frontier Mall, North Battleford in the summer of 2007 have significantly impacted the total number of clients actually receiving PHC services in Prairie North. As the chart below illustrates, the client numbers have risen from a high of 2,465 in the first quarter of 2006-07, to a high of 9,241 in the last quarter of 2008-09. Patient and community response to the new Turtleford/St. Walburg/Edam Primary Health Care site has been positive.

Number of Discrete Clients Receiving Primary Health Services in PNHR

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2006/2007	2,465	2,107	2,399	2,173
2007/2008	2,551	2,190	5,257	5,597
2008/2009	**4,795**	**6,129**	**6,781**	**9,241**

The Turtleford/St. Walburg/Edam PHC site is establishing a Team work process and greater collaboration between team members. The team includes staff of Addiction services, Chronic Disease Education, and Palliative Care services; Community Health nurses and health coordinators from local First Nations reserves; PNHR Community Health staff; facility managers; health liaison workers; staff of Home Care, Mental Health, and Nutrition services; occupational therapists, physiotherapists, and a speech language pathologist; Public Health services staff; the physicians and nurse practitioner; the PNHR Director of Primary Health Care, Primary Health Care team manager, and the PHC team facilitator; and First Nations Tribal Council representatives.

The new site is focusing on expanding the principles of Primary Health Care which include improving accessibility, focusing on patient-centred care, having intersectoral collaboration, creating an atmosphere for services to work together, public participation in health care, focusing on community development and programming for communities, developing a coordinated Chronic Disease Management Program, providing effective health promotion and disease prevention, and developing a team from differing professions to meet client needs.

Prairie North has increased its complement of Registered Nurse/Nurse Practitioners in 2008-09 to six (6), from four (4) the previous year. A new RN/NP has been hired at Battlefords Family Health Centre and for the new Turtleford/St. Walburg/Edam PHC site. The RN/NPs offer services in the clinics and work on client and communication education.

Another component of Primary Health Care services is the Saskatchewan HealthLine system that provides all Saskatchewan residents with 24-hour access to free health information and advice. Prairie North residents are strong users of the Healthline network, as the numbers in the following table illustrate. This may be due in part to wider knowledge and acceptance of the service due to existence of a similar service in Alberta. Residents of Lloydminster SK have access to Alberta's HealthLINK system which began operation prior to HealthLine. Conversely, Lloydminster AB residents can access Saskatchewan's HealthLine. Data is not available as to the number of calls from Prairie North residents to HealthLINK.

Number of Persons Receiving a Service from HealthLine in PNHR

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
2007/2008	2,411	2,572	2,711	2,676	10,370
2008/2009	**2,318**	**2,276**	**2,547**	**1,956**	**9,097**

Prairie North accounts for 8% of the total number of persons (113,617) who received a service from HealthLine in the past year. PNHR continues to promote use of HealthLine through its publications, advertising, websites and other venues.

Chronic Disease Management

Prairie North Health Region completed its participation in March 2009 in the Health Quality Council's provincial Chronic Disease Management Collaborative (CDMC) to improve the coordination and management of care and services for individuals with diabetes and coronary artery disease.

From the start of the Collaborative in November 2005 until its conclusion, 11 PNHR physician practices were involved, along with a support team of PNHR staff including nurse practitioners, chronic disease clinical nurse educators, diabetes educators, occupational therapists, dietitians, community counsellors, and the Region's CDMC facilitator. More than 1,000 clients with diabetes and 436 clients with coronary artery disease were involved in the Collaborative aimed at improving patient care.

PNHR anticipates participating in a new HQC Chronic Disease Management Collaborative starting in October 2009, focused on improving the coordination and management of care and services for individuals with Chronic Obstructive Pulmonary Disease (COPD) and depression. This Collaborative is to run until March 2011.

PNHR hired three chronic disease clinical nurse educators in October 2008 to expand chronic disease management (CDM) services focusing on cardiac and diabetes education to rural communities including Goodsoil, Loon Lake, Big Island Lake First Nation, Island Lake First Nation, Thunderchild First Nation, Maidstone and Turtleford. The clinical nurse educators also established cardiac education services in Lloydminster, Meadow Lake, and The Battlefords. These staff provided education and support services to clients and their families through 2,407 diabetes appointments and 829 cardiac appointments.

Prairie North continues its participation in the Live Well™ With Chronic Conditions program which teaches individuals to take control of their chronic illness. The program is designed for people with chronic diseases or conditions including chronic pain, arthritis, diabetes, heart disease, lung disease, Parkinson's disease, stroke/spinal cord injury, osteoporosis, multiple sclerosis, and kidney disease, as well as others. Most of the year was spent presenting the program in communities throughout the Region. At present, PNHR has 14 trained volunteer leaders who co-lead six-week sessions on symptom management, communication skills, relaxation techniques, goal setting and problem solving. A total of 54 clients have taken at least one of the sessions.

Wait Lists

Surgical Services

Prairie North Health Region provides surgical services in accordance with the provincial framework, policies and procedures of the Saskatchewan Surgical Care Network (SSCN), including monitoring and tracking of patients and managing to ensure they receive care according to their level of need and within the province's target time frames for surgical services. This process is the Saskatchewan Surgical Patient Registry in which Prairie North participates.

Prairie North Health Region provides surgical services at Battlefords Union Hospital, Lloydminster Hospital and Meadow Lake Hospital. The following table outlines the Region's success in achieving the provincial surgical target time frames since 2004-05. Several of the numbers have changed from previous years reports due to ongoing refinement of the Surgical Patient Registry.

In 2008-09, PNHR was virtually on par with the provincial target for Priority Level 1 surgical cases being done within three weeks. The Region consistently meets that target. The Priority Level II cases show a decline in their completion within the targeted six week time frame. The issue revolves around assignment of the priority level for Orthopaedic surgery across the province. All other specialties in PNHR in the Level II category are in the 93% range and better for completion within six weeks. Prairie North remains above the provincial targets for completion of Priority Level III and Priority Level IV surgical cases within three months and 12 months respectively. The targets for the province as a whole were revised in 2006-07 from levels of previous years.

Percentage of Surgical Cases
Completed within Target Time Frames - PNHR

	Priority Level I (Within 3 Weeks)		**Priority Level II (Within 6 Weeks)**		**Priority Level III (Within 3 Months)**		**Priority Level IV (Within 12 Months)**	
2004/2005	_*81.9%_	**SK Target**	_*85.2%_	**SK Target**	_*93.3%_	**SK Target**	------	**SK Target**
2005/2006	_*95.8%_	-----	_*80.6%_	95%	_*93.4%_	80%	100%	80%
2006/2007	_*97.6%_	95%	_*97.2%_	90%	_*94%_	90%	_*99.9%_	90%
2007/2008	95.4%	95%	_*93.5%_	90%	_*93.8%_	90%	100%	90%
2008/2009	**94%**	95%	**80.6%**	90%	**94.1%**	90%	**99.2%**	90%

Please Note: *Surgical volumes and therefore their resultant percentages may differ slightly from that reported in last year's PNHR Annual Report due to additions and corrections to the Registry. Percentages that have changed are noted with an asterisk (*) and in italics.*

Surgical Cases Performed
In Relation to Surgical Case Targets - PNHR

	Actual Number of Surgeries	**Target Number of Surgeries**	**Variance of Actual from Target**	**Actual as Percentage of Target**
2004/2005	3,091	-----	-----	-----
2005/2006	4,353	4,161	+192	104.6%
2006/2007	4,403	4,488	-85	98.1%
2007/2008	4,739	4,291	+448	110.4%
2008/2009	**5,199**	**4,500**	**+699**	**115.5%**

Prairie North Health Region joined the Surgical Registry system in 2004-05. The Region maintains a busy surgical program behind only those of the province's two largest health regions in numbers of surgeries performed in the past year. Prairie North exceeded the number of surgeries it was to perform in 2008-09, as have other health regions, under a concerted effort to help reduce provincial waitlists. Addition of a third general surgeon in The Battlefords along with the services of a second Obstetrician/Gynaecologist for several months also contributed to the increased numbers of surgeries performed.

Even with a busy surgical program, a full complement of surgeons and surgical staff, and available operating room space and time, patients are on waiting lists for surgery at any given point in time. The aim is to manage wait lists as efficiently as possible to reduce the amount of time a patient waits for surgery while managing that surgery according to its level of urgency. On March 31, 2009 – the end of the 2008-09 operating year – 669 cases were on the surgical wait list in Prairie North Health Region, similar to 660 on the same date the year previous. None of the cases had already waited for 18 months, and none had been on the waitlist for 12 months. A total of 74 cases equalling 10.9% had already been waiting more than six months. One year earlier, on March 31, 2008, 99 cases or 15.0% had been waiting more than six months.

On March 31, 2007 PNHR's surgical waitlist stood at 482 cases. Only seven (7) or 1.5% had already waited more than six months. As at March 31, 2006, 398 cases had been on PNHR's surgical waitlist, and none had been waiting more than six months. No cases in either of these two years had been waiting 12 or 18 months.

Medical Imaging

The past year has been an exciting one for Medical Imaging Services in Prairie North Health Region. PNHR has become the second rural health region in our province to implement the new Radiology Information System (RIS) and provincial Picture Archive and Communication System (PACS).

The system went live in The Battlefords in February and March 2009, and is slated for implementation and "go live" in Lloydminster in May and June 2009.

The system captures and stores all images digitally, meaning no more use of x-ray films at Battlefords Union Hospital and Lloydminster Hospital. The digital images can be accessed by specialists in Saskatoon or anywhere in Saskatchewan. Additionally, all Saskatchewan physicians who order medical imaging are able to digitally view their patients' images right in the physician office.

At Lloydminster, Alberta physicians who order imaging examinations at Lloydminster Hospital will also be able to view those digital images right from their own offices.

PNHR Regional RIS-PACS System Administrator Colais Fransoo demonstrates the new digital PACS capabilities at Battlefords Union Hospital.

Photo Courtesy Battlefords Daily News – Doug Collie

Mobile magnetic resonance imaging (MRI) services became available in Lloydminster in 2008-09, thanks to a unique partnership between Alberta and Saskatchewan. The mobile MRI unit is owned by the Province of Alberta and operates at Lloydminster Hospital one week in every five. During the other four weeks, the unit provides service in four Alberta communities.

The estimated $1.3 million in annual operating costs for the unit are shared on a percentage-of-use basis between Prairie North and Alberta. Through funding from Saskatchewan, Prairie North Health Region pays for scans provided to residents of our province.

In its first 10 months of operation, the Mobile MRI service at Lloydminster provided service to 244 Saskatchewan patients, exceeding its target number of 208 for a 10 month period by 17.1%. Year end results were not available for the full 11 months of the service's operation. The results reported were calculated by the province based on volumes to the end of January 2009 and a 10-month target. The wait list for MRI is beginning to decline, but the wait time was still around 24 weeks at year end.

Photo Courtesy Lloydminster Source Newspaper – Katie Ryan

To accommodate the Mobile MRI service, a docking facility and waiting and change area had to be established at Lloydminster Hospital. Prairie North Health Region gratefully acknowledges the generous support of the Lloydminster Region Health Foundation in covering the $220,000 cost of the improvements.

In 2008-09, the Government of Saskatchewan announced that it will cover the cost of bone mineral density (BMD) tests provided to Lloydminster and area Saskatchewan residents who receive the test at a medical clinic located on the Alberta side of the border. Prior approval from the Ministry of Health is normally required for all BMD tests done outside our province. Now, that prior approval is not necessary for Saskatchewan residents of Lloydminster and area if the patient is referred for the test by a physician.

Computed Tomography (CT) services are provided at Lloydminster and Battlefords Union Hospital. Prairie North Health Region was unable in 2008-09 to offer 24-hour, 7 days a week CT service at either location due to insufficient staffing. Recruitment and internal training is ongoing at both sites to try to stabilize staffing levels. The Region anticipates being able to achieve and maintain 24/7 CT service in The Battlefords and Lloydminster in the year ahead.

Incomplete numbers to the end of 2008-09 indicate that Prairie North did not meet its target number of patients to receive a CT scan during the fiscal year. The following table shows PNHR achieved only 91.9% of its revised target of 4,636 patients for an 11-month period. The results were calculated based on volumes to the end of February 2009. The 12-month target was 5,115 patients. Complete year-end statistics were not available due to the priority of RIS-PACS implementation in The Battlefords and Lloydminster. Additionally, the Region's ability to meet CT targets remains linked to ongoing retention and recruitment of CT technologists.

Stabilizing radiologist services for Prairie North Health Region was a priority in 2008-09. The Region experienced turnover in its radiologist ranks in The Battlefords the year before and struggled to recruit a replacement as well as a second radiologist for Lloydminster. Coverage was provided by the resident radiologists (one each) in The Battlefords and Lloydminster along with locum radiologists. Additionally, with the benefit of digital technology, Prairie North was able to access service from locations outside the health region.

In March 2009, PNHR secured radiologist services for the next three years by contract with a group of radiologists from South Africa who will provide service to both the Battlefords and Lloydminster hospitals. Two other Saskatchewan health regions use the same service and PNHR has joined them in participating in a shared radiology on-call coverage program, made possible through the technology of RIS-PACS.

Number of Patients as a Percentage of Agreed on Target for CT Services – PNHR

	Actual Number	Target Number	Actual as % of Target
2005/2006	698	1,125	62.0%
2006/2007	3,578	**3,830*	**93.4%*
2007/2008	4,876	3,860	126.3%
2008/2009	**4,260**	**4,636**	**91.9%**

Staff pressures continue to impact general Medical Imaging (MI) services throughout the Region, though the situation has eased somewhat in the rural sites with hiring of three multi-site combined laboratory and x-ray technologists (CLXTs). PNHR continues to move forward with changes to MI service on a Regional basis in a joint action with Laboratory services in the Region's rural sites where the two services are integrated. The emphasis is on sites offering MI/Lab service on a 24/7 basis.

Mammography services in Prairie North were enhanced in 2008-09 with re-development of the mammography suite at Battlefords Union Hospital and introduction of a new state-of-the-art digital mammography machine. The project was generously supported by Battlefords Union Hospital Foundation, Saskatchewan Health, and the Region's capital fund. The new mammography equipment and suite enhanced the quality of service for PNHR clients. Plans are underway for implementation of mammography service at Lloydminster Hospital in 2009-10.

The Region's ultrasound services experienced increased wait times due to staff shortages. Ongoing efforts to recruit have been unsuccessful. Plans to implement Carotid Artery Scanning at both regional hospitals in junction with the provincial Stroke Strategy are on hold until recruitment is successful. Increased efforts to recruit for all modalities are ongoing as without sufficient staff, waitlists for Medical Imaging will continue to climb. Consistent, adequate staffing is the greatest challenge in delivering Medical Imaging services throughout Prairie North.

Early Childhood Services

Each program in Population Health Services that accepts referrals has a guideline for reasonable access to service. Each program is working toward strategies to deal with wait times that fall outside these reasonable access guidelines. Success fluctuates during the year primarily due to staff vacancies.

The Early Childhood Services group of Early Childhood Psychology, Speech Language Pathology, Occupational Therapy, Physiotherapy, and the Therapeutic Integrated Paediatric Services (TIPS) team has developed a central intake system that will see all referrals for early childhood services enter through a single point with the capability to initially screen for service need and to schedule appointments with appropriate professionals or teams. Implementation of the framework is anticipated in the year ahead.

Prairie North has been without the services of an in-Region paediatrician since the start of the 2008-09 operating year. Nevertheless, the TIPS team and the role of the TIPS coordinator continue to evolve. The coordinator conducts intake for children referred to the TIPS team, connects with families to advise and support them in accessing service, and ensures the children are scheduled for assessment by the appropriate team member. In the past year, TIPS completed intake for 49 children to receive services of TIPS team members. Thirty-two (32) children are waiting for paediatric assessment which can take a year or more to receive.

Speech Language has implemented a new clinic schedule system in Lloydminster and North Battleford to reduce wait times. Staff vacancies in the past year have impacted success.

Additional Child Health Clinics have been scheduled as needed throughout Prairie North to keep waitlists within guidelines. The initiative has been successful in all areas of the Region.

Emergency Medical Care

Prairie North Health Region provides 24/7 emergency medical care through a combination of privately contracted and Region owned/operated ambulance services as identified earlier in this report. PNHR is challenged to recruit and retain Emergency Medical Services (EMS) personnel in its smaller communities. In an effort to ensure ongoing ambulance service for residents in and around Cut Knife in the southern part of the Region, Prairie North implemented permanent positions to establish a Monday to Friday staff rotation, in addition to the previous standby coverage. The Region continues to advertise for casual staff for all of its Region-operated services.

The Saskatchewan College of Paramedics became the licensing body for all EMS personnel in 2008. Prior to creation of the College, EMS staff were licensed through Saskatchewan Health. Licensure through the College is mandatory for all levels of EMS providers from Emergency Medical Responders (EMRs) to Paramedics. The licensing body is also responsible for the professional conduct of its members, and will investigate and deal with any matters of concern.

The Region operates a fleet of nine ambulances and attempts to replace one unit every year to ensure safe, reliable ambulances for patients and providers. In 2008-09, PNHR purchased a new ambulance for Meadow Lake. Older ambulances are used primarily in a back up role when call activity requires additional resources or a unit or units are down for service.

Prairie North continues to support the First Responder Program. Each ambulance service is responsible for the continuing education of its Responders. Prairie North provides the training for new Responders. In 2008-09, new First Responders were trained in Edam and Hillmond.

Specialized Services

Renal Dialysis

Prairie North delivers renal dialysis services at its two Regional hospitals. The five-chair satellite unit at Lloydminster Hospital is operated by the Northern Alberta Renal Program and services people from Lloydminster and area on both sides of the border.

The program at Battlefords Union Hospital is a six-chair satellite of the Saskatoon Health Region Renal Program at St. Paul's Hospital in Saskatoon. The BUH program provides service three days per week and is able to dialyze six people in the morning and six in the afternoon, totalling 12 treatments per operating day.

In 2008-09, Prairie North continued to receive pressure from Meadow Lake and area residents for establishment of a satellite renal dialysis unit at Meadow Lake. In 2007-08, the Region had developed an initial indication of intent for consideration by the Saskatchewan Integrated Renal Program (SIRP) which provides advice to the Ministry with respect to planning for chronic kidney disease services.

In 2008-09, an independent hemodialysis program was confirmed as a provincial priority. Under the program, independent hemodialysis is managed by patients and done at home. Patients have to meet medical criteria to be eligible for the program, and must be appropriately trained to use the equipment. Training began in the spring of 2009. Saskatoon is targeting training of 10 people in the coming fiscal year. Decision as to who candidates are for independent hemodialysis resides with the home dialysis unit in Saskatoon or Regina.

In February 2009, one of the first orders of business for the new Board of Prairie North Regional Health Authority was to pass a motion reaffirming the previous Board's commitment to establishment of a renal dialysis program in Meadow Lake. The new Board instructed the Region's administration to write to the Ministry of Health indicating the Board's desire to explore options to improving renal service for Meadow Lake and area residents. Board members want the dialysis needs of the community and district considered and addressed as soon as possible.

Arrangements were being made by the Meadow Lake and District Community Health Advisory Network to host a public meeting in the town in May 2009 with officials of the Saskatoon Health Region Renal Program to discuss renal services.

Telehealth

Telehealth services in Prairie North Health Region continue to experience significant growth and have again exceeded targets agreed to with the Ministry. A total of 383 patients were seen at Telehealth sites in Prairie North in 2008-09, more than double (214%) the target of 179, and nearly double the 197 actual number of patients seen last year.

Additionally, 532 hours of professional and public health education were conducted over the system in PNHR in the past year, 22% more than the targeted 436 hours, and 10% more than last year's actual of 482 hours.

Prairie North took the opportunity of retirements from Telehealth in 2008-09 to redesign the program in the Region. PNHR now follows the provincial direction to have a single Regional Telehealth Coordinator responsible for all aspects of Telehealth. The Region's full-time Telehealth coordinator is based in North Battleford. A part-time Telehealth facilitator is located in Meadow Lake and a full-time Telehealth facilitator is situated in Lloydminster. The Lloydminster position operates parallel telehealth programs with Saskatchewan and Alberta. Prairie North Health Region is unique in that we have three very robust Telehealth programs operating in our three largest communities. Additional services are provided to Goodsoil.

Use of Telehealth for patient services in PNHR will continue to increase with introduction of three significant pilot projects: Tele-Mental Health, Saskatchewan and Alberta Stroke Strategies, and Project Intercept.

Tele-Mental Health

PNHR is partnering with four other health regions to provide and access mental health consultations and services. In Prairie North, the province provided new equipment and Tele-Mental Health access at Saskatchewan Hospital and at the inpatient unit at Battlefords Mental Health Centre. The services/consultations will be provided to patients, families, health care providers and other health regions.

Stroke Strategy

An integrated approach to quicker diagnosis, treatment, and management of stroke has been identified as a priority by Saskatchewan and Alberta. In Lloydminster, TeleStroke equipment and the integrated stroke strategy have been implemented. An audio/video unit in the Emergency Department at Lloydminster Hospital connects to the stroke centre in Edmonton. The aim is to provide timely efficient access and care for stroke patients to specialists in the larger centre. With CT service not yet available 24 hours a day, 7 days a week at Lloydminster Hospital due to staffing issues, protocols are in place to transport suspected stroke patients directly by ambulance to the next available Alberta centre which has does have 24/7 CT. PNHR plans to achieve 24/7 CT service in Lloydminster early in 2009-10.

Clear understanding and agreement is in place under the Alberta and Saskatchewan protocols of how and where stroke patients are to be managed and transported should they need hospitalization in larger centres than Lloydminster or North Battleford. Stroke patients at Lloydminster, regardless of whether they are Saskatchewan or Alberta residents, go to Edmonton. All Lloydminster staff are trained in the Alberta protocol. North Battleford staff are trained in the Saskatchewan protocol and stroke patients in North Battleford who require hospitalization at a larger centre go to Saskatoon.

The Telehealth equipment has been installed in the Battlefords Union Hospital Emergency Room. BUH ER was able to implement the acute care component of stroke management in the ER. One of the current limitations to the initiative is lack of 24/7 access to CT service in North Battleford. Plans continue to implement primary and secondary stroke prevention programs and enhance rehabilitation services to ensure an integrated approach to stroke care.

Project Intercept

The aim of Project Intercept is to connect rural Saskatchewan hospital emergency rooms to the advanced treatment capabilities and access to specialists in tertiary centres through the use of Telehealth technology. In 2007-08, Prairie North committed to piloting the project along with Prince Albert-Parkland Health Region, using Royal University Hospital in Saskatoon as the tertiary centre. Protocols and processes which will drive the emergency consultation process have been developed.

As stated above, the Telehealth video and audio equipment for Project Intercept is in place in the Battlefords Union Hospital Emergency Room. Weekly test transmissions are done between BUH and Saskatoon to increase familiarity with the protocols and the equipment.

Project Intercept is groundbreaking in its design and implementation for Telehealth, shifting from the current scheduled services model to a 24-hour on demand service delivery model. The project will allow patients to be seen via Telehealth from the emergency department at BUH by physicians in Saskatoon.

Continuing Care

Home Care

PNHR's Home Care program delivers a broad range of service to clients throughout its rural and urban communities, to assist clients to remain independent in their homes and to delay entry into long-term care. Service delivery for each client is based on assessed need of the individual.

In the past year, a review of the Regional Home Care program was initiated to determine the best service delivery model. Some changes have been instituted resulting in better coordination of services. Rural Home Care services for the Cut Knife and Neilburg areas were brought under the administrative purview of the Battlefords Home Care service to provide more consistent assessment of client need within the Region, and to offer administrative, scheduling and training/educational support to the rural area. Review of the Home Care service delivery method continues.

Home Care has become increasingly busy in addressing the nursing and support needs of acute care clients to promote earlier discharge from hospital while ensuring care needs are addressed.

Home Care has now fully implemented the MDS-Residential Assessment Instrument (RAI) which identifies the needs and strengths of each client who is applying for either Home Care services or entry into long-term care. Information from the assessment process is being utilized in a quality improvement initiative for reduction of pain in Home Care clients.

Supportive Housing

Prairie North joined East Central Health and Points West Living in celebrating of the new Points West Lloydminster designated supportive housing complex on the Alberta side of the Border City. The project was completed in April 2008 and began accepting residents in May. The complex is operated by Connecting Care which manages supportive living facilities and services throughout Alberta. The Lloydminster facility's 60 suites can accommodate up to 65 residents. Access for residency in the units is overseen through Prairie North's Continuing Care Single Entry Point (SEP) system. PNHR Home Care provides some nursing and case coordination services. Operating funds for the supportive housing program flow through Prairie North from ECH to Connecting Care.

Long-Term Care

Access to long-term care service in Lloydminster improved in the past fiscal year with opening of the new Points West Lloydminster designated assisted living complex in May 2008. The facility greatly assisted in reducing the waiting list for long-term care in Lloydminster and area. PNHR is also anticipating the re-opening of 10 beds at Dr. Cooke Extended Care Centre in April 2009, as staffing pressures that forced the closure in December 2008 have eased. A slowdown in the Lloydminster economy is believed responsible for the availability of more potential employees to fill vacant special care aide positions. The beds were closed for four months.

As discussed in this report, planning is underway for construction of a new 60-bed long-term care home on the Alberta side of Lloydminster. The Alberta government announced the project in January 2008. Construction is anticipated to start in the spring of 2010. The new Lloydminster Continuing Care Capital Project, as it is called, will provide five more long-term care beds than in the old 55-bed wing of DCECC that the new facility will replace.

In Meadow Lake, a new 55-bed long-term care home is to be built to replace Northland Pioneers Lodge. The project was announced by the Saskatchewan government in February 2009 and PNHR has begun preparations to bring the project to reality.

Throughout the Region, recruitment of sufficient qualified staff remains a concern in Continuing Care facilities and programs. Long-term care is working on a quality improvement initiative to increase the amount of activity for residents. A review of the Region's short term bed program and transition unit program is to be completed in 2009. These beds provide clients with additional time to recuperate from an acute care illness or to receive intensive therapy outside of acute care.

In PNHR, the average number of days that clients awaited placement in long-term care ranged from a high in January 2008 of 52.55 days, to a low in June 2008 of 33.34 days. Those numbers are considerably lower than the year before where the average number of days awaiting placement ranged from a high of 84.19 days to a low of 36.12 days.

Behaviour Management Consultant Program

PNHR functions as host Region for the northern half of the provincial Continuing Care Consultant program. The position provides advice and education to staff and families on care plans, modifications and interventions with residents/clients presenting with behaviours that are difficult to manage.

In the past year, the Northern Behaviour Management Consultant served eight health regions including Prairie North and travelled 35,000 kilometers to provide the service. Over 325 contacts were made including site visits, telephone consultations, staff education, family meetings, and consultation reviews. Battlefords District Care Centre in Battleford maintains an assessment bed for use by clients referred by the Consultant. The bed was used for 288 days in 2008-09, with 77 days for non-PNHR clients.

Palliative Care

Prairie North Health Region is bringing its palliative care services under the umbrella of Home Care programs to improve access to, and coordination and utilization of, resources for clients across the Region. Palliative care coordinators are being put in place to serve the entire Region. They will provide assistance to clients, residents, patients, and their families who have been diagnosed as palliative, by coordination of all services and resources that may be utilized. PNHR staff will be able to access the coordinators in management of palliative care services.

PNHR is participating in provincial discussions to develop province-wide palliative care policies and establish a standardized service delivery model in each health region.

Mental Health and Addictions Services

Integration of adult Addictions Services with adult Community (Mental Health) Services was a focus of Prairie North Health Region for 2008-09. The integration occurred at different levels and took varied forms including joint program/clinical meetings, and program policy and procedures standardization. The aim is to ultimately improve care and service for clients, foster greater collaboration and inter-disciplinary teamwork among mental health and addictions professionals, and make the best use of human resources to meet the growing demands for service.

Individual counselling for addictions problems represented the largest proportion of addiction services. Addictions assessment services were delivered to clients of other government services programs and agencies. Services also involved responding to telephone consultations from families or friends of substance dependent individuals and in some instances providing ongoing support.

The average wait time for admission to alcohol and drug outpatient services in Prairie North Health Region in 2008-09 was 10.8 days, up from 8.9 days in 2007-08. The average wait time for 2008-09 is a calculation using an average of available quarterly results.

The average wait time for admission to alcohol and drug inpatient services in Prairie North is not available as system and data entry issues through the Alcohol, Drug and Gambling Information System (ADGIS) which was initiated in April 2007 continue to be identified and resolved.

PNHR contracts for inpatient addictions services through the Walter. A. (Slim) Thorpe Recovery Centre in Lloydminster, AB. The average wait time for admission to alcohol and drug inpatient services in Prairie North in 2007-08 was 15.2 days. Data collected manually for 2006-07 showed the average wait time at 26 days.

The average wait time for admission to alcohol and drug detoxification services in Prairie North in the past year was 0.9 days, compared to 1.8 days in 2007-08, and 3.5 days in 2006-07. PNHR detox services are provided at the Robert Simard Social Detox Unit in Meadow Lake and at the Slim Thorpe Centre. The Robert Simard Social Detox Unit began operation in February 2007.

The average wait time for admission to alcohol and drug long term residential treatment services in PNHR was 23.5 days in 2008-09, compared to 24.9 days in 2007-08. Data is not available for the prior year. Long term residential treatment services in Prairie North are provided at Hopeview Residence in North Battleford. Hopeview provides the only 12-week alcohol and drug residential treatment program in Saskatchewan. The average occupancy of the nine-bed Hopeview Residence was 88% over the year. The completion of treatment ratio was 29 of 43 for an average of 67% of clients who completed the 12-week program. The completion of treatment ratio is believed to be higher than that of other shorter term centers in other regions.

Community outreach and the Rural Services components of Adult Community Services (ACS) continue to take their services and expertise to clients and communities. Public presentations at schools and community/regional workshops extend access to information to clients, families and communities. Demand for mental health and addictions services remains strong in rural areas resulting in a large caseload. Extensive linkages and cooperative relationships with local agencies and health professions in rural communities are in place.

An Adult Community Services pilot project in Prairie North revealed that a large portion of clinical services was consumed by a small number of long-term cases. ACS launched a brief therapeutic approach initiative to improve the overall efficiency and effectiveness of individual counselling services. Policy and procedures on case review were developed and information on brief approach was disseminated. ACS believes the brief approach initiative may be a key element in dealing with waitlists for ACS in Lloydminster. The ACS waitlist at the Lloydminster mental health clinic continues to be problematic and will remain a major challenge for ACS in the year ahead.

ACS continues its efforts to increase the accountability of its program, enhance the quality of its services, and strengthen its service effectiveness through integrating systematic evaluation of client services into its routine clinical practice.

Child and Youth Services in Lloydminster continues to experience demand for services. The wait time for non-crisis services in Lloydminster is approximately two months.

Community Counselling in general in Lloydminster experienced a 27% increase in demand in 2008-09 over the previous year. A total of 1,327 service requests came in, compared with 1,039 the year before. The clinic served 22% more clients, with a 16% increase in the number of contact events and service time provided.

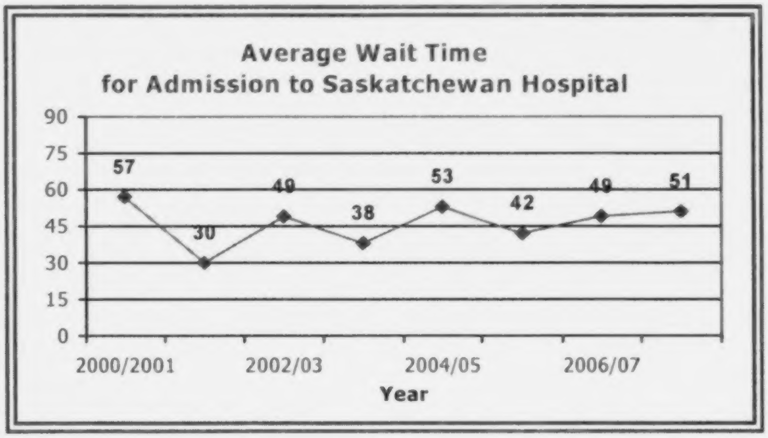
The Battlefords Mental Health Centre (BMHC) inpatient services implemented the Acute Mental Health Home Care Nurse program in the past year which has facilitated an increase in supportive follow up to all inpatients who are discharged. Early indications show an increased level of satisfaction among patients and reduction in repeat admissions of recently discharged patients, although the data is preliminary.

The absence of beds/housing for long-stay Community Living Division clients and continuing care patients at BMHC remains an issue for this vulnerable segment of society requiring an alternate level of care.

Saskatchewan Hospital

Saskatchewan Hospital North Battleford is our province's only specialized psychiatric rehabilitation hospital. It currently functions with 156 beds including a 24-bed Forensic Unit. Service delivery at SHNB includes short term rehabilitation services; forensic services; extended rehabilitation services; respite, assessment and consultation on a provincial basis; and outpatient services including assessment, psychosocial programs and follow-up, along with liaison with other service providers. Care delivery focuses on ensuring individualization – that care for each patient is geared to his or her specific needs; normalization – providing care in as home-like and normal an environment as possible; continuity; and patient/family involvement.

The past year saw 160 admissions to SHNB, 140 (87.5%) of which were to the Forensic Unit. A year earlier, 196 individuals were admitted to SHNB, 164 (84%) of which were to the Forensic Unit. Wait times for admission to the Forensic Unit are minimal. Individuals are admitted directly by order of the Justice system.



The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities. SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions. According to the most recent statistics, the average wait time for admission to SHNB in 2007-08 was 51 days. The indicator does not include admissions to the Forensic Unit.

Managing the individuals who have been identified as having complex needs remains an issue for Saskatchewan Hospital. Collaboration with Community Living Division of Saskatchewan Health is critical in helping SHNB to meet the care needs of these complex needs patients. A small contingent of staff from SHNB toured complex needs care programs in Edmonton and Calgary in the past year to look for improvements that can be made in programming at Saskatchewan Hospital to support complex needs clients and assist with future planning.

SHNB experienced an increase in the past year in the number of individuals who applied and were recruited in the nursing and psychology departments. Nevertheless, maintaining sufficient staff numbers is an ongoing challenge.

Staff and residents of Saskatchewan Hospital remain optimistic about plans to replace the nearly 100-year-old facility. More details about the project are found under ***Goal 4: A Sustainable, Efficient, Accountable and Quality Health System*** on page 68 of this report.

Goal 2 — Effective Health Promotion and Disease Prevention

Prairie North Health Region strongly endorses the priority of moving our population toward an emphasis on being and staying healthy, and on individual and community responsibility for achieving and supporting healthy living and healthy environments.

We must remain mindful that health programs, services and systems alone cannot create and sustain the health of a population. Individuals, communities, and society as a whole – of which the health system is one part – must recognize, accept, and act on their responsibility for improving the health of the population.

The Region must be fully cognizant of health issues and disparities of Aboriginal residents who comprise a significant segment of the population. Respecting First Nations authority and autonomy, Prairie North strives to work in partnership with Aboriginal communities and organizations to improve the health of their citizens seeking and using PNHR services. Partnership and collaboration are key in striving to positively impact the many factors that influence health, such as education, economics, employment, and others.

Health Status Report

Prairie North Health Region has produced and made available its first comprehensive report on the health status of PNHR residents. The PNHR Health Status Report 2008 features information on the following themes:

- Demography and Population Profiling;
- The Determinants of Health (those things that influence our health);
- Population Health Status; and
- An understanding of the social, political, economic, cultural, and physical context within which PNHR exists.

Health Status Report

2008

The Primary purpose of the report is to inform PNHR decision-makers, planners, management, frontline health providers, other interested agencies and the public about the health of the population served by Prairie North. The document is descriptive and not prescriptive. It is meant to provide an overarching sense of the health status within the Region.

The information included in the Report is summary in nature and may spark further questions and investigations. It may also help in planning PNHR services and programming so that the Region moves closer to achieving its Vision of "Healthy People in Healthy Communities." The Report has already been used to inform discussions in areas such as Primary Health Care, and in meetings with stakeholders.

The Report is available on the Region's website at www.pnrha.ca under Publications.

Population Health Promotion

Prairie North Health Region continues to follow, review and update its Population Health Promotion Plan based on the guidelines and priorities of the Ministry of Health. The true success of the Plan can be identified only over the long term by measuring the health status of the population and monitoring health status indicators. On an ongoing basis, health systems must continue to target and monitor health issues individually and work to positively influence the factors that affect health.

In 2008-09, PNHR began work to include the community at large in population health promotion planning. Arrangements are being made for a Region-wide planning day to be held early in the 2009-10 operating year. The outcome of the day will be used for further Population Health Promotion planning and development.

PNHR worked with communities in the Region to improve healthy living for children and families. The Region supported five projects allotted Community Grant Program funding in 2007-08. The five projects ranged from healthy eating and physical exercise, to mental well-being and reduced substance use and abuse. The projects were completed in 2008-09. One of the projects – the Willow Creek Community Garden in Meadow Lake – received a SAHO Green Ribbon Award honourable mention for community development, at the annual awards presentation in early 2009. The Garden is operated by the community and has raised beds to accommodate gardeners in wheelchairs. Evaluation of the projects is underway. Future community grant programs will be based on the outcome of the evaluations.

PNHR Community Grant Projects

Willow Creek Community Garden – Meadow Lake
You Are What You Eat – Lloydminster
Positively Parenting – Pierceland
Bready Bulldogs: Raising the Bar – North Battleford
Get Fit with Connaught – North Battleford

Healthy Food and Nutrition

Prairie North Health Region continues to recognize the importance of accessible nutritious foods for all residents of PNHR, especially those identified as vulnerable populations: infants, children and their caregivers, low-income families, First Nations, and new immigrants. The state of being food secure means that all people have access to safe, nutritionally adequate, and personally acceptable foods at all times. PNHR has supported the leadership capacity of groups working on food security including those working on short-term relief (food banks and emergency food in schools), skill building (community kitchens), community building (community gardens and farmers markets), and systems change (food costing, food security workshops and food policies). Garden plots are available to community members across the Region and as noted above, Prairie North received an honourable mention at the SAHO Green Ribbon Awards for Community Development for our role in supporting Meadow Lake's Willow Creek Community Garden.

Addressing the health of children is critical for improving the health of the population. Exclusive breastfeeding is the normal method of feeding infants for the first year of life. Recent initiatives in PNHR included implementation of an Infant Feeding Plan which provides expectant parents the opportunity to make an informed decision and communicate their intentions regarding feeding their newborn infant. Regional hospitals and community health have been working toward implementing the WHO/UNICEF Baby-Friendly Initiative steps.

Nutrition champions in schools and daycares have the opportunity to build skills in nutrition, menu planning and budgeting by taking the *Self Study Course for Nutrition Coordinators*. Nearly 60 individuals successfully completed the course in PNHR in 2008-09. Prairie North will continue to work with North West Regional College to offer this course.

The Salad Bars in Schools program is also instrumental in building capacity to select healthy foods and create a systems change where healthy foods are the focus. The program has been running in one school in the Region since February 2008. Four elementary schools are now offering the program at least once a month during the school year. The program met its overall goal in that elementary school students had increased access to safe, nutritious vegetables and fruit in their school. Students going home and talking to their families about healthy food illustrates how Salad Bars in Schools can have a lasting impact on the health and well-being of a population, and increase the demand for system change. For example, partnerships with local grocery stores have led to an increase in the vegetables, fruit and whole grains available to the community.

With 16% of schools as of September 1, 2008 in Prairie North Health Region passing food/nutrition policies, schools are becoming a place where the results of health nutrition messages are evident.

Prairie North Health Region demonstrates the principle of leading by example by continuing to work on implementation and evaluation of its Healthy Food Policy. The policy aims to promote healthy food choices in all PNHR cafeterias, canteens, gift shops, and vending machines, as well as at meetings, educational and special events for staff, volunteers, clients and the general public. The evaluation component was designed to measure staff awareness of the policy, policy influence on staff wellness and policy influence on the food environment. Baseline data has been collected and will be released in 2009-10.

Maternal/Child Services

Prairie North Health Region's Public Health Nursing Program strives to be both as responsive and proactive as possible in meeting the continually changing demands on its programs and services. Following changes to the program in 2007-08 to improve services to clients, meet increasing service demands, and make the best use of public health nursing resources, PNHR now reviews its Public Health Nursing Program annually.

In the past year, Maternal/Child Nurses in the Region's Public Health and Acute Care nursing programs implemented regular meetings to improve communication between the two inter-related services. The meetings also include First Nations representation. In Lloydminster, representatives from Alberta health services are also included. All maternal/child services in Prairie North are now using the "Baby's Best Chance" materials as a resource for pregnant women. Efforts are underway to make the booklets available early in pregnancy, through physician offices in Prairie North.

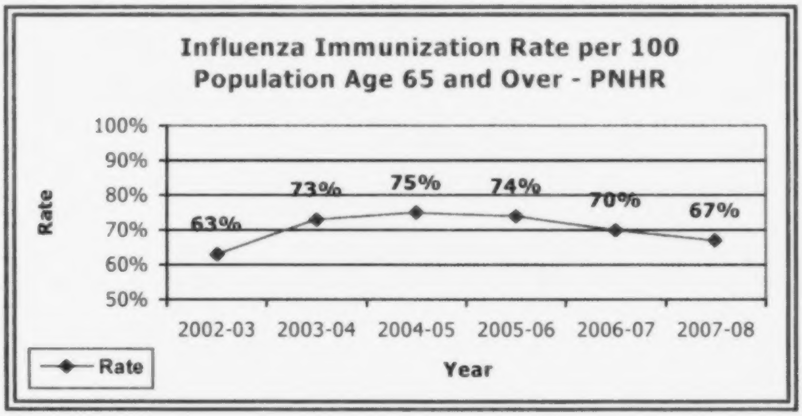
Postnatal Support and Lactation Support programs are now well-established throughout the Region. The number of postnatal contacts by Public Health Nurses jumped dramatically in 2008-09 to 3,815 from 3,188 the year prior. The 20% jump is due to the Region's continually growing population, expanded PHN resources and improved linkages with acute care programs. Following birth of their babies and discharge from hospital, 209 postnatal clients were seen through a home visit by public health nurses within the first 24 hours.

Despite expansion of the Lactation Support program in 2007-08 in Lloydminster, Meadow Lake, and The Battlefords, the number of lactation support contacts in 2008-09 was up only slightly from the previous year. A total of 1,097 lactation support contacts were made last year, compared to 1,079 a year earlier. Staff turnover and temporary absences impacted the number.

Child Health Clinics in PNHR are monitored on an ongoing basis, with additional clinics added where and when required to meet demand for service and keep wait times within the established three to four week guideline. The initiative has proven successful throughout the Region.

Immunization

PNHR maintains a comprehensive immunization program Region-wide. In 2008-09, the Immunization Committee began work with an epidemiologist to determine accurate immunization rates, and postal codes of lower immunization rates, so that effective and sustainable strategies to increase immunization rates can be developed.



The Region achieved a 67% influenza immunization rate in 2007-08 for residents age 65 years and over. The data is the most current available and shows a slight decline in the number of flu shots given to seniors the year before.

Harm Reduction

Under its Harm Reduction Program, Prairie North Health Region operates a needle exchange program in North Battleford and Meadow Lake. PNHR is one of seven Saskatchewan health regions to deliver a needle exchange program focusing on reducing the spread of blood-borne diseases among injection drug users, ultimately reducing the risk of transmission to the general public. Clean needles are exchanged for used ones to reduce the sharing of used, possibly contaminated needles.

In the past year, the Ministry of Health commissioned a comprehensive, independent review of the needle exchange programs to ensure that they were meeting their objectives and were accountable. The Review Report was released in February 2009 and found that Saskatchewan's needle exchange programs have assisted in reducing the spread of blood-borne disease, and have resulted in a reduction of new cases of HIV and subsequent savings in health care costs.

The Review recommended improvements in clean-up and disposal of discarded needles, and increased accountability of the programs. A provincial steering committee has been formed to direct next steps which will include enhanced education, and improved clean-up and disposal of used needles. A second phase will explore opportunities to increase accountability of the programs through enhanced monitoring and better tracking of the needles distributed.

Prairie North will be following the recommendations of the review to improve its program. In the year ahead, the Region will focus on enhanced education and clean up and disposal of used needles, along with expansion of drop box locations within communities served by the program. The Region is also considering expansion of its needle exchange program into other PNHR communities.

Infection Prevention and Control

As discussed on pages 36 and 37 of this report, PNHR's Infection Prevention and Control Program experienced an increasingly busy year as preventing infection and addressing issues related to infection control gain ever greater priority. PNHR had nine facility outbreaks in 2008-09, including three gastrointestinal, four respiratory, one scabies, and one conjunctivitis outbreak. Each was effectively managed according to the Region's Infection Control Protocol, followed by debriefing discussions once each outbreak was declared over.

Statistics for antibiotic resistant organisms and other hospital acquired infections were collected continuously throughout the year. The Region monitors and reports on nosocomial infections of which nine occurred in PNHR facilities in the past year. A nosocomial infection is an infection acquired in hospital by a patient who is admitted for a reason other than that infection. The infection becomes evident 48 hours or more after the patient is admitted or appears after the patient is discharged from hospital.

Patients with risk factors for antibiotic resistant organisms are also screened upon admission to PNHR hospitals. The Region's Admission Screening Tool was revised in April 2008.

Prairie North continued to host the northern component of the provincial Infection Control Coordination (ICC) initiative to work with health regions to develop common, standardized approaches to infection prevention and control. The project includes implementation and utilization of best practices within the Regions, along with development of policies, procedures, protocols and surveillance practices, evaluation tools and education/training resources. The provincial ICC working group developed provincial recommendations around Clostridium difficile (CDAD) infections. All CDAD infections are now reported to the province.

Environmental Health Protection

Prairie North Health Region maintains a very busy Public Health Inspection program aimed at ensuring the safety of individuals and communities under the Public Health Act, numerous regulations, and other legislation. Responsibilities and services include inspections and handling of complaints related to public facilities, food safety issues, public water safety, public swimming pool and water theme safety, public accommodation safety, housing safety and complaints investigation, inspection of institutional facilities, personal service safety, plumbing system and private sewage disposal safety, enteric disease and animal bite investigation, enforcement of the Tobacco Control Act, indoor air quality in public buildings under the Public Health Act, West Nile virus/mosquito control programs, land use, and emergency preparedness and response.

The Region experienced a shortage of public health inspection staff this fiscal year, primarily in Lloydminster. As much coverage as possible was provided by Public Health Inspectors (PHIs) from The Battlefords. However, demand for services continues to grow, putting added pressure on the Inspection program. Plumbing and sewage demand work continues to rise due to increased construction across the Region. The number of public facilities has also risen. The result has been a decrease in numbers of formal inspections PNHR has been able to conduct for food and water facilities. The program will review this performance in the year ahead to determine how best to manage inspections and demand work for 2009-10.

PHIs in Prairie North made 1,853 contacts for plumbing issues in 2008-09, compared to 1,615 the year before. Contacts for plumbing issues are double the 2006-07 total of 983 and the 866 recorded in 2005-06.

Contacts for sewage issues totalled 1,761 in 2008-09, well up from the 1,397 one year earlier. The number of contacts for sewage issues is nearly three times the 682 recorded in 2006-07, and 503 in 2005-06.

Correspondingly, PHIs managed only a 67% inspection rate of food premises in 2008-09, down from 88% in 2007-08, and 80% in 2006-07. The number of food premises in the Region continues to increase, to 663 in 2008-09, from 631 and 612 in 2007-08 and 2006-07 respectively. Preparations continued provincially to implement new requirements around disclosure of public eating establishment inspection reports.

Water facility inspections also declined in 2008-09, to 78% of the 269 premises open. The inspection level had been as high as 94% in 2007-08 and 89% in 2006-07.

Tobacco Control Act enforcement is ongoing, with 89% of public eating establishments and liquor outlets governed by the Act in compliance with the legislation. Two tickets were issued to proprietors in the past year.

Aboriginal Partnerships

Prairie North Health Region is partnering with First Nations communities, organizations and agencies toward improving the health of First Nations citizens. PNHR has joined with Big Island Lake Cree Territory, BTC Indian Health Services Inc. (formerly Miwayawin Health Services), Meadow Lake Tribal Council, Onion Lake Health Board Inc., Saulteaux First Nation, and Thunderchild First Nation to strengthen working relationships and pursue adapting quality health services to promote and support healthy living for the persons of First Nations ancestry within the Health Region.

The project is called "Partnership for Change" and was approved in 2008-09 for $317,000 in funding under Health Canada's Aboriginal Health Transition Fund (AHTF). "Partnership for Change" aims to improve working relationships and achieve widespread commitment to partnership at all levels of each organization; increase effective and meaningful information exchange, trust, and relationships between the organizations; increase knowledge and understanding of each organization's priorities and activities; increase opportunity for interagency staff and client education/capacity-building; and increase alignment of priorities, planning, and problem-solving among the partner organizations. Ultimately, the goal is establishment of a framework that supports seamless client services regardless of which partner agency is providing the health service. PNHR has hired a coordinator for the project.

The Aboriginal Health Transition Fund is a five-year initiative which seeks to improve the integration of Federal, Provincial and Territorial funded health systems, adapt existing health programs and services to serve better the needs of Aboriginal peoples (First Nations, Inuit and Métis), improve access to health services, and increase the participation of Aboriginal peoples in the design, delivery, and evaluation of health programs and services. The AHTF provides transitional funding to Provincial and Territorial governments and First Nations, Inuit and Métis organizations and communities.

Goal 3 — Retain, Recruit and Train Health Providers

Recruiting and retaining an adequate number of trained, competent employees to provide quality health care is key to the future of our services, our Health Region, and the health system as a whole.

Consistent with the situation across our province, country, and globe, Prairie North is continually challenged to attract and keep health professionals spanning the wide spectrum of patient care, support, and administrative services we provide. Challenges particularly abound in our rural locations and dictate the levels of service we can deliver.

A comprehensive, creative, and effective Health Human Resources Plan is essential to achieving any success in recruitment and retention. So too is working closely with the Ministry of Health through its initiatives, programs and agreements including the SUN/Government of Saskatchewan Partnership Agreement, the Health Workforce Retention Program, the Recruitment Grant Program, Saskatchewan Health Bursary Program, educational programs, and others, to attract and keep health care professionals.

Prairie North must also work closely with our unions to meet the needs of patients, staff, managers and the organization. PNHR values our increasingly positive and collaborative relationship with our unions.

PNHR dedicates significant time, energy and resources toward attracting health professionals in today's highly competitive and challenging market. More always remains to be done. Shortages in key health professions including physicians, nurses, pharmacists, medical laboratory and radiographic technologists, therapists, psychologists, managers, and others are ongoing. Training programs, educational institutions, and governments are working to improve the situation. Prairie North also works at the local level to promote health professions to intermediate and high school students, as well as adults.

Prairie North continues to focus on improving safety in the workplace, supporting educational and career opportunities, developing a more representative workplace, and exploring new avenues and opportunities to move our Health Region toward being a preferred health services employer.

Recruitment and Retention

PNHR maintains a multi-pronged approach toward recruitment and retention of health care providers. On the recruitment side, the Region's recruitment team focuses on attending recruitment fairs, offering bursary and recruitment incentives, promoting access to provincial recruitment incentives, advertising through a variety of mechanisms, and participating in ethical out-of-country recruitment.

The PNHR recruitment team attended 31 career/job fairs in Saskatchewan, Alberta, Manitoba and Quebec. Prairie North actively promotes health care professions to elementary and secondary students through direct presentations and participation at career fairs throughout the Region.

PNHR promotes and supports as many practicum placements as possible for health care students. This provides an opportunity for students to understand the services and career opportunities within the Region and for them to see the Region as a future employer. The Region has accommodated and benefited from 67 Nursing Education Program of Saskatchewan (NEPS) student placements in the past year, along with 97 licensed practical nurse student placements, four nurse practitioner students, two psychologist students, two psychiatric students and 20 law students relating to the Forensic Program at SHNB. Individual facilities and managers in PNHR also accommodate student placements from a variety of institutions and training programs. The number of these students is not yet available on a consistent, Regional basis.

PNHR also joined other Saskatchewan health regions and the Ministry in supporting launch of a new Western Canadian Nursing Magazine which promoted nursing opportunities to all nursing students across Western Canada.

Philippine Recruitment

A highlight of 2008-09 was the arrival in Prairie North Health Region of 19 Registered Nurses recruited from the Philippines. The nurses arrived in two groups: the first nine on September 16, 2008 and the second group of 10 nurses on January 28, 2009. Special welcoming events were held by the Region to introduce the immigrants to PNHR officials, managers, and members of the local Filipino community.

The nurses received an extensive 3½ week orientation to their new work environments, requirements, practices, and protocols, as well as to the Region itself and the provincial health system. Orientation and training for each candidate continued as they took to their positions in acute care, long-term care, and mental health care in The Battlefords, Lloydminster, and Meadow Lake.

The nurses were well received in their new work sites and communities. PNHR had done much preparation in advance orientating the work sites and employees to the Philippine culture in order to make the new employees feel welcome, comfortable and supported. PNHR also worked with local Filipino communities in The Battlefords and Lloydminster to ensure community support and inclusion in the nurses' new surroundings.

EXIT
Prairie North Health Region

PNHR's first contingent of Filipino nurses with Government representatives at the Welcoming event in North Battleford.

From left: Summer Rono; Rose Santos; Abigail Gillego; Tim McMillan, Lloydminster MLA; Laura Ross, Legislative Secretary to the Minister of Health for Nurse Recruitment & Retention; Anna David; Marilen Samson; Chariss Valentin; Teeny Cornista; Antonnette Pecua; and Liberty Felipe.

PNHR's second contingent of Filipino nurses: Alden Tayo, Kayleen Yuga, Margareth Mondez, Catherine Basilio, Jean Concepcion Fernandez, Marietta Faye Timoner, Cecille Iturralde, Marie Salmen Orense, Christian Tan, and Abigail Cunanan, met by (right) the Region's Neal Sylvestre, Michelle Oborowsky, and Carol Rohovich.

Incentives and Bursaries

Prairie North Health Region maintained its highly successful recruitment incentive and bursary program in 2008-09 in an ongoing effort to entice individuals to join the Prairie North team. In the past year, 38 individuals received incentive/relocation assistance to hard-to-recruit positions in PNHR. Thirteen (13) individuals who received PNHR bursaries in prior years fulfilled their commitment and came to work for the Region in 2008-09. A further 24 hard-to-recruit professionals signed bursary agreements to come to work for Prairie North upon graduating from their programs over the next three years.

Since the incentive and bursary programs began in Prairie North in 2006, 141 individuals accessed recruitment assistance, while 52 have received bursaries.

Retention Grants

Prairie North Health Region was successful in 2008-09 in accessing funds under the provincial Health Workforce Employee Retention Program which supports creative, grassroots initiatives to help keep health employees working in Saskatchewan's health care system.

Six PNHR projects were approved for $343,278 in funding. The project proposals were initiated and developed by frontline employees and are aimed at improving the workplace and supporting work-life balance. The projects are in addition to the three approved in 2007-08 totalling $93,500 in Prairie North.

The approved 2008-09 Retention projects are:

- ***Development of an exercise room with shower faciities for employees of River Heights Lodge in North Battleford - $58,885 grant.***
- ***Establishment of a Learning Resource Centre in Battlefords District Care Centre in Battleford - $47,700 grant.***
- ***Providing continued education for occupational therapists, physical therapists, and therapy assistants throughout PNHR - $51,509 grant***
- ***Hiring of a consultant to investigate workload redesign at Meadow Lake Hospital in Meadow Lake - $75,000 grant.***
- ***Development of a staff library/resource and quiet room at Cut Knife Health Complex in Cut Knife - $54,183***
- ***Mentoring of recent graduate nurses by senior SUN nurses – $56,000 grant.***

SUN/Government Partnership Agreement

As discussed earlier in this report, the Saskatchewan Union of Nurses and Government of Saskatchewan entered into a Partnership Agreement in February 2008 to stabilize and rebuild the registered nursing workforce. Regional hiring targets were established for each health region including Prairie North. By April 2011, PNHR is to have increased its number of full-time equivalent (FTE) registered nurse/registered psychiatric nursing (RN/RPN) positions by 70 – the third most in the province. For the period March 31, 2008 to February 28, 2009, Prairie North reached 10% of that goal equalling 7.01 FTEs. PNHR is working toward fulfilling the three-year target.

The Partnership Agreement also required health regions to establish a Joint SUN/Health Region Retention and Recruitment Committee to provide a formal process to involve nurse managers and frontline staff to jointly problem solve, and to develop and agree on retention and recruitment initiatives to be delivered by the parties within their Region. PNHR and SUN have established their committee which held its first meeting in March 2009. Committee members' role is to work together to identify opportunities, determine priorities, develop options, seek funding and jointly implement initiatives that address RN/RPN retention and recruitment issues.

Health Human Resources Planning and Utilization

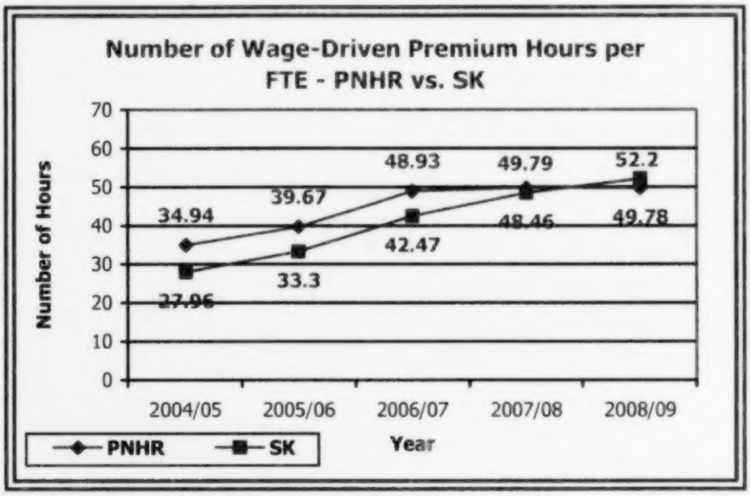
In addition to our focus on recruitment and retention of employees, Prairie North closely monitors the utilization of its existing workforce, and strives to identify gaps and future needs throughout. Tracking and monitoring of overtime hours and other wage-driven premium hours helps us to identify problem areas. It also helps us to determine where we have achieved success in recruitment, retention, and other workforce and workplace initiatives, and where we need to direct or redirect resources.

Overtime hours remain a major concern for Prairie North Health Region and the health system as a whole. Overtime hours can be associated with understaffed areas or with professions/positions that are hard to recruit to and/or difficult to retain. Overtime hours tend to increase during periods of peak utilization and sick time – as sick time goes up and the available pool of employees diminishes, managers are pressed to bring in staff and/or keep staff in overtime situations. Continual overtime hours tax employees' ability to fulfill their commitments as workers, and to maintain high standards of care and service. Absenteeism and higher levels of Workers' Compensation Board claims may result.

The cycle toward requiring increased overtime can spiral. More efficient utilization of staff mixes and staffing to appropriate levels to maintain services helps to reduce reliance on overtime.

In the past year, Prairie North's total number of wage-driven premium hours per full time equivalent (FTE) remained virtually unchanged from the year before. Saskatchewan's number increased and is now higher than that of PNHR. The figures do not include Prairie North's Alberta employees.

By union affiliation, again excluding PNHR's Alberta employees who are not included in the SAHO payroll system, the number of wage-driven premium hours per FTE for each employee group varies considerably. Prairie North's rate for its SUN employees is well above the provincial level and is the highest of the four employee groups noted.


Number of Wage-Driven Premium Hours per FTE - PNHR vs. SK

PNHR's provider union (CUPE) rate is second highest for the Health Region, but lower than the provincial CUPE level. HSAS has the third highest rate for Prairie North and is now above the provincial HSAS level. The OOS category is the lowest among Prairie North's Saskatchewan employee groups and is also now below the provincial OOS mark. The information confirms in large part the health system's ongoing shortage of health professionals, particularly in the area of nursing and other hard-to-recruit positions, and in some support service positions.

Number of Wage-Driven Premium Hours (Overtime and Other Premiums) Per FTE by Affiliation

	CUPE		**HSAS**		**OOS**		**SUN**	
	PNHR	**SK**	**PNHR**	**SK**	**PNHR**	**SK**	**PNHR**	**SK**
2004/2005	24.77	24.52	21.47	20.88	2.61	2.43	81.03	63.99
2005/2006	28.19	32.83	22.35	24.75	4.67	3.17	94.51	72.44
2006/2007	39.22	36.85	23.91	25.44	5.44	3.46	105.31	81.54
2007/2008	40.72	45.68	25.38	23.72	4.18	3.41	106.55	84.78
2008/2009	**39.56**	**50.62**	**30.45**	**26.14**	**2.94**	**3.50**	**109.25**	**87.48**

Healthy, Effective Workplaces

Attendance Support and Ability Management

Prairie North Health Region strives to achieve a healthy, effective workplace and to ensure that workers return to the workplace in a safe, healthy and timely manner. In January 2008, PNHR implemented a new Ability Management: Standardized Medical Certificate policy that requires employees and physicians to use the new Medical Certificate form created and provided by Prairie North to verify an employee's illness. The Region completed its first full year under the policy and Certificate, with limited overall results. The total number of sick time hours remained virtually the same as in 2007-08, while sick time costs continued to escalate as overall salaries rise. The number of sick time hours had been down in the first three-quarters of the fiscal year, but rose sharply in the final quarter. Prairie North is trying to determine the reason for the year end increase.

PNHR views all employees as valuable and vital members of the health care team. As such, each has a responsibility to maintain his or her own health and well-being and to ensure regular attendance at work. The Region uses its Attendance Support policy to facilitate managers and employees in their efforts to enhance regular attendance at work. This is done by applying consistent processes, encouraging open communication and offering access to the Region's Employee and Family Assistance Program (EFAP). Attendance Support meetings are the emphasis of the Attendance Support program which saw 23 participants in 2008-09.

Prairie North recognizes that no one or two initiatives can be solely responsible for successful reduction in sick leave hours, and its resultant costs to the organization. Many factors contribute to employees' absence from work, including psychological stress, low staff morale, and employee dissatisfaction. Work absence also correlates closely with shortages of staff and staff turnover, which are recruitment/retention issues.

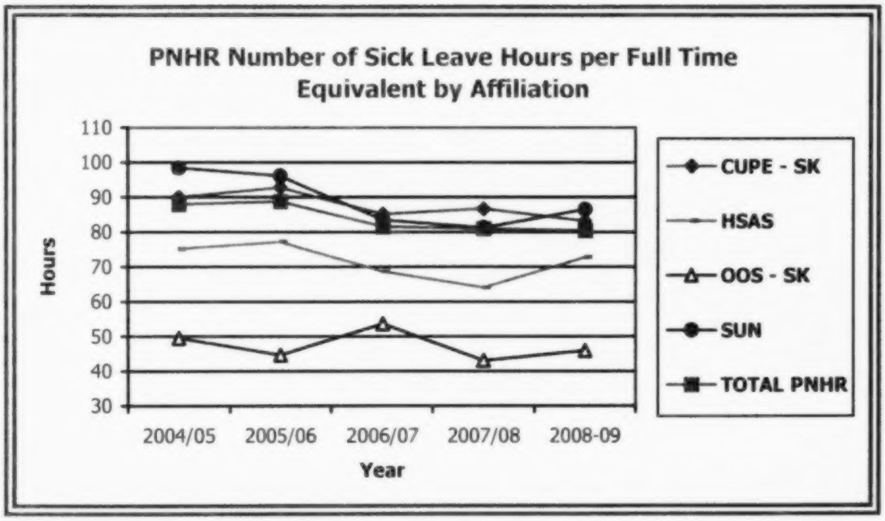
The number of sick leave hours used by Prairie North employees in 2008-09 fell slightly to 80.39 per full-time equivalent position, from 81.04 a year earlier. The 2008-09 number for PNHR is below that of Saskatchewan's health system as a whole at 84.09 hours per FTE. The chart below presents the number of sick leave hours per full-time equivalent position by affiliation. The numbers include those employees who are part of the SAHO payroll data system: they do not include employees represented under Alberta affiliations.

Number of Sick Leave Hours Per FTE by Affiliation

	CUPE		**HSAS**		**OOS**		**SUN**	
	PNHR	**SK**	**PNHR**	**SK**	**PNHR**	**SK**	**PNHR**	**SK**
2004/2005	90.01	95.26	75.21	63.34	49.46	48.12	98.43	93.07
2005/2006	92.79	90.60	77.21	64.00	44.69	48.09	96.09	91.94
2006/2007	85.17	89.78	68.70	65.62	53.63	47.34	83.51	89.34
2007/2008	86.67	89.48	64.04	68.08	43.06	50.23	81.30	89.48
2008/2009	**83.14**	**90.28**	**72.77**	**68.53**	**45.97**	**46.80**	**86.50**	**87.85**

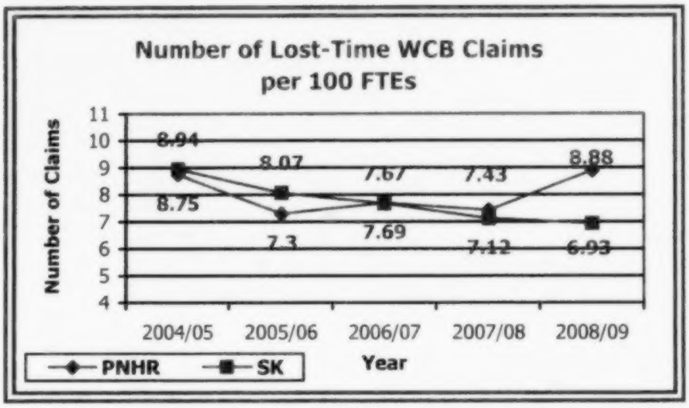
Prairie North's sick leave hours per FTE are below provincial levels for CUPE, SUN and out-of-scope categories. Only Prairie North's HSAS affiliation is higher than the provincial mark. SUN, HSAS, and OOS recorded increases in sick leave hours per FTE. CUPE is the only PNHR affiliation that registered a decline.

The graph right shows the past five years' trend for each of PNHR's four Saskatchewan classifications, as well as for the Region as a whole.

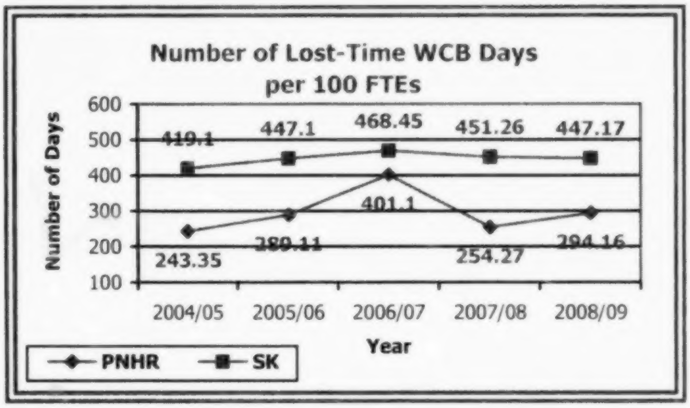


Workplace Safety

Other measures of the health of a workplace are the number of lost-time Workers' Compensation Board (WCB) claims per 100 FTEs, and the number of lost-time WCB days per 100 FTEs. In Prairie North in 2008-09, both the number of lost-time claims and number of lost-time days increased over the year previous.



As the graph (left) shows, Prairie North's lost-time number of claims jumped from its level the year previous, and remains above the provincial rate which fell again in 2008-09. Prairie North continues to emphasize reporting of incidents which could account in part to the higher number.



The second graph shows PNHR's number of lost-time WCB days per 100 FTEs increased slightly in the past year. The PNHR level is again much lower than the provincial level which declined somewhat in 2008-09.

Prairie North is committed to providing a safe and healthy work environment for all employees. A comprehensive Occupational Health and Safety Program (OH&S) is in place and is defined by the policies and procedures of the OH&S Program manual. A review of the current policies and procedures is underway to ensure they remain appropriate and applicable.

PNHR functions with a Regional OH&S Committee comprised of members from management staff, all unions, and out-of-scope staff. The Committee promotes the OH&S program by information sharing and reviewing health and safety issues. The OH&S Core Committee develops policies and procedures, and provides training and awareness of OH&S and health and safety issues. The Core Committee also assists the local OH&S committees that function at the facility/program level.

In the past year, OH&S conducted four more Crucial Conversations courses which provide training and empowerment to employees to speak out and act when safety is compromised. Training sessions were held for staff with officials from the Saskatchewan Ministry of Advanced Education, Employment and Labour regarding changes to the provincial Harassment Legislation. Also in 2008-09, Prairie North introduced its new Crisis Prevention Program, adapted by a PNHR employee for the Health Region. The program is designed to prevent the escalation of violent or aggressive behaviour. Over 25 PNHR employees have trained more than 55 others in the program.

Representative Workforce

Prairie North Health Region's Representative Workforce (RW) Program is focused on preparing the workforce to reflect the diversity of our population and communities, and establishing an environment that is an accepting place for current and future employees. The overall aim of the program is to work toward a Representative Workforce wherein Aboriginal people are employed in all classifications and at all levels in the organization, in proportion to their representation in the working age population within the community.

The Regional Representative Workforce Committee develops the policy and procedures, assists with program supports, and provides advice that supports Representative Workforce initiatives. These initiatives include Aboriginal Awareness Training. In 2008-09, 268 PNHR staff members participated in the Region's Aboriginal Awareness Training Workshops. That brings to 2,117 PNHR employees who have taken the training since the Region's program started in 2003-04.

PNHR continues its survey of employees to determine the percentage who identify themselves as Aboriginal or other minority. Employee participation in the survey is voluntary. A provincial self-identification tool is used. To date, over 800 PNHR employees have responded to the survey, with 127 self-identifying as Aboriginal. This represents 4.5% of the number who have responded. The aim is to determine the current level of Aboriginal representation in PNHR's workforce so that a baseline can be established on which to move forward and measure our progress in achieving a proportional representation of Aboriginal people in our workforce. Emphasis is on continuing to educate staff about the intent of the survey and encouraging staff to participate.

Representative Workforce staff reach out to hundreds of students in 23 First Nation and urban high schools in PNHR each year. Presentations and visits to career fairs outline the occupations available in the health field along with the qualifications required, and where education is available in Saskatchewan to achieve those qualifications. Information is provided on career pathing to improve one's education and opportunities. Discussions are underway to expand into elementary schools to reach children at a younger age. The RW program is also embarking on a new phase introducing health services, programs, and workforce opportunities to Aboriginal communities through Treaty Days events.

PNHR's Representative Workforce program has established partnerships reaching into the business community to support and promote career development of high school and post secondary students in the northwest region. One such partnership is with the Northwest Career Development Partnership "Connecting Education to Saskatchewan's Economic Future". Another is with the Lloydminster Chamber of Commerce to recruit Aboriginal people into the local labour force including Prairie North Health Region.

Career Pathing

Prairie North Health Region continues its participation with six other Saskatchewan Health Regions in the Career Pathing Pilot Project sponsored by SAHO and funded by the federal Human Resources and Social Development Canada (HRSDC) Workplace Skills Initiative. The project aims to develop, implement and evaluate a career pathing model that will enable health organizations to increase employee satisfaction, reduce turnover rates, plan employee succession and build a representative workforce where Aboriginal people are represented in health careers at all levels and in all classifications.

In the past year, PNHR's Career Pathing program has held informational sessions and learning circles for PNHR employees throughout the Region. Interest was keen and 13 participants are currently active in the program. The project aims to work with entry-level staff in the creation of a career/life portfolio which forms a foundation for career development activities.

Logo – Career Pathing Pilot Project

The final year ahead for the project will examine the outcomes relating to participants' skills and knowledge and how they can be aligned with the Region's succession planning and strategic plan.

A Learning Organization

Prairie North's Staff Development emphasis through 2008-09 has been on mandatory education and training that PNHR must provide for its employees to ensure that requirements are met under legislation, collective agreements and our own policies.

The Region has offered or sponsored approximately 150 courses, training sessions and workshops with nearly 850 people participating. Topics ranged from a host of clinical subjects including cardio pulmonary resuscitation, neonatal resuscitation, and Advanced Cardiac Life Support (ACLS); to transfer, lift and repositioning (TLR), Safety for Supervisors, Respirator Fit Tester training, informed consent, Occupational Health and Safety, and hazardous materials handling. Many sessions were provided multiple times.

The Regional Core Educators Group focused as well on updating education policies. An innovative 'quick list' of subjects on which supervisors and staff may need fast access to information was established on the PNHR internal website. Known as Instant Intelligence, subjects include confidentiality, hand hygiene, occupational health and safety, health information protection, the role of the Quality of Care Coordinator, and the Employee and Family Assistance Program. Plans are to expand Instant Intelligence in the year ahead.

PNHR continues to make progress toward achieving 100% compliance with its policy requiring all new employees to participate in the Regional Orientation Program. For 2008-09, 404 people were hired, with 299 or 78% completing the Regional Orientation Program. Transferred or re-hired employees are also attending the program.

Volunteer and Spiritual Services

PNHR's Volunteer and Spiritual Services program continues to grow and expand to enhance service delivery of health care professionals and strengthen the vital link between the health system and community.

In 2008-09, a new volunteer Aboriginal Chaplaincy Program was launched at Battlefords Union Hospital. Two well-known Aboriginal community members provide visiting chaplaincy service to Aboriginal patients in their own language and from an Aboriginal spiritual perspective. Patients appreciate being able to communicate with someone in their own language and from a common spiritual base, especially in matters of faith and for individuals who are often at a greater distance from their home community and its supports.

A new Volunteer Greeter program was launched at Lloydminster Hospital to assist people coming into the facility find their way to the service or location they are seeking. The friendly greeting of a welcoming smile aims to help reduce the stress and anxiety a visit to hospital may bring and is well received by visitors and patients. The Volunteer Greeter program at Battlefords Union Hospital marked its fifth anniversary in 2009.

PNHR perennially marks National Volunteer Appreciation Week with major events in The Battlefords, Lloydminster and Meadow Lake to honour health system volunteers in those communities. Over 550 volunteers participated in the events. PNHR also hosts more informal volunteer appreciation events in our rural facilities in Goodsoil, Loon Lake, Edam, Turtleford, St. Walburg, Maidstone and Cut Knife.

Goal 4 — A Sustainable, Efficient, Accountable & Quality Health System

The past fiscal year for Prairie North Health Region was about positioning the Region for change. As will be discussed further in the Financial Summary section which follows, PNHR began the operating year in a negative financial position and forecast a darkening of that picture in the months ahead. The Region was challenged to find opportunities to "improve the way we do business" to position ourselves for the future in continuing to meet the demands of our patients, staff, physicians, partners and community.

The Region remained in tune with the evolving Ministry priorities and direction for the health system, participating in activities and strategies including the Patient First Review, Accelerating Excellence/Quality as a Business Strategy, the SUN/Government Partnership Agreement, and others – all aimed toward a patient-focused, quality, efficient and sustainable future.

PNHR focused as well on the priorities of patient and staff safety, quality improvement, risk management, and continued capital planning and preparation for the future. We maintained our emphasis on accountability to those we serve, consulting and reporting on plans, developments, issues, and concerns throughout the year.

Continuous Safety and Quality Improvement

Prairie North Health Region identifies Continuous Quality Improvement (CQI) and Patient and Staff Safety as primary objectives. Both are integral to our organization and are a critical focus in all of our health services programming.

PNHR's Regional Continuous Safety and Quality Improvement Plan promotes a culture of client and staff safety, emphasizes learning that is focused on safety, and creates a structure that supports an operational safety and CQI agenda across the organization. Through the Plan, the Region aims to enhance coordination, development, communication, and follow-up regarding patient and staff safety, CQI, utilization, and risk management activities.

The Plan is led by a Continuous Safety and Quality Improvement (CSQI) Steering Committee which serves as a catalyst and resource for safety and CQI activities. Twelve additional CSQI Committees are in place representing broad areas of service within the health region. The 12 committees report on their activities to the CSQI Steering Committee which in turn reports to the Board. Communication, feedback and direction flows back from the Board to the committees via the same structure, ensuring ongoing linkage from the frontline and management level, to senior managers and the Board.

Accreditation

In follow-up to its June 2007 Accreditation Survey, Prairie North Health Region fulfilled its Accreditation award with completion in 2008 of two progress reports the Region was required to submit to Accreditation Canada, formerly the Canadian Council on Health Services Accreditation (CCHSA). The organization commended Prairie North for the significant progress the Region made in addressing the Accreditation recommendations:

> ***"The Prairie North Health Region is clearly an organization that takes seriously its commitment to its patients. The efforts that teams have put into addressing the recommendations are commendable. Not only have the standards been met or are being met but in a way that truly enhances the quality of care delivered by staff of the organization. Congratulations on a job well done and continued success."***

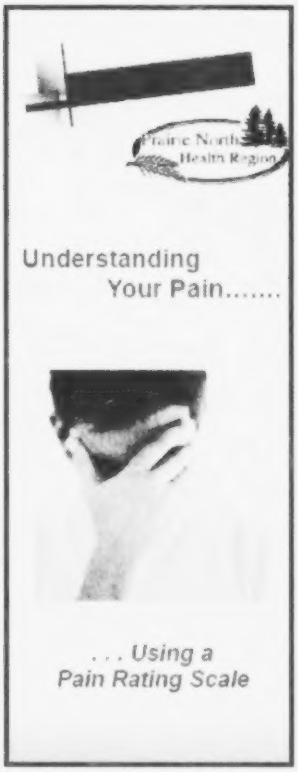
Prairie North believes that through the Accreditation process, our clients, staff and the public at large can be assured the Region is meeting national standards for care and delivery of service. Meeting those standards is a continual process. No sooner had Prairie North completed its requirements from the 2007 survey than the Region moved quickly into preparation for the 2010 survey.

Prairie North's next Accreditation survey will be in June 2010 under the new Accreditation Canada program called 'Qmentum'. 'Q' refers to quality and 'mentum' represents the momentum the organization will gain as it works through the Accreditation process. The goal is to engage frontline staff in the accreditation process and incorporate quality improvement into the Region's daily culture. A broad group of PNHR staff, managers, and Board members participated in an education session on Qmentum in September 2008. Teaching about Qmentum's on-line self assessment surveys related to the organization, the workplace and work life was conducted throughout the Region. Participation in the surveys was strong.

PNHR is also working to ensure that it is complying with the 31 Required Organizational Practices (ROPs) it must be using to achieve Accreditation. The ROPs, as they are known, are focused on patient safety. As stated earlier in this report (page 18), Prairie North believes that the Region cannot provide a safe environment for patients, residents, and clients if it does not provide a safe working environment for staff.

Risk Management

PNHR maintains a comprehensive Risk Management Program as part of Continuous Safety and Quality Improvement. As required by legislation, Prairie North complies with the Client Critical Incident Reporting Program for recording and reporting critical incidents. Review and assessment of each occurrence is done, as are root cause analyses. Strategies are then developed and implemented to prevent future occurrences. A follow-up review of all critical incidents is conducted annually to determine if recommendations are being implemented and followed.



Prairie North Health Region

Understanding
Your Pain.......

. . . Using a
Pain Rating Scale

Under the provincial Client Concern Handling Program, PNHR maintains a Client Concern Handling system to assist clients with concerns about the services they receive. PNHR functions with four part-time Quality of Care (Client Concern Handling) Coordinators (QCCs) – one for each of the Region's three largest communities, and a fourth for the rural sites. In 2008, PNHR clients registered a total of 167 concerns relating to care delivery, access to service, communication, cost, environmental factors, and other matters. All concerns are investigated with the goal of resolving the concerns to the client's and Region's satisfaction.

Under the Region's Risk Profile developed in 2007-08 to identify areas most in need of improvement, PNHR continued to action these items in 2008-09. One was completion of development of a regional standardized pain management tool that can be used across various care and service sectors. A multi-disciplinary team with cross-program representation developed Regional pain management guidelines, an assessment tool, a pain flow sheet, pain rating scale, and clear concise policy for staff. The Pain Management Committee also developed an informational brochure for patients that explains about pain management and rating pain. The team developed a pain management satisfaction survey for patients to let the Region know how well it did in meeting its pain management objectives. The tools are being piloted, with positive results thus far.

Under its Risk Profile, the Region completed development, rollout and implementation of its Regional Consent Policy for treatment and services, a Regional Least Restraint Policy and standards for use of restraints, and a Safe Medication/Do Not Use policy and list of abbreviations, symbols, and doses.

Additionally, a Fall Prevention Committee established at River Heights Lodge (RHL) in North Battleford implemented a highly successful Falls Prevention Strategy developed and piloted at RHL in 2007-08. Review of the pilot project after six months (in June 2008) showed overwhelming success in decreasing the number of falls and thereby preventing injury to participating residents of the long-term care facility. RHL continues to use the Fall Prevention Strategy with resounding success. The Region is looking to extend the strategy into other long-term care sites in PNHR in the year ahead.

Resource Management

Maidstone Health Complex

On June 10, 2008 a large crowd of Maidstone and area residents gathered in the community to celebrate the Grand Opening of the new Maidstone Health Complex. Health Minister Don McMorris cut the ribbon to officially mark the event, along with PNRHA Chairperson Bonnie O'Grady and Nellie Taber who cut the ribbon on behalf of all residents and clients of the new facility.

MAIDSTONE
HEALTH COMPLEX

Official Opening - Maidstone Health Complex

Minister McMorris hailed the new facility as "a place where lives are saved, care and comfort are given, and healthy choices are encouraged." He noted that the official opening marks an important milestone, "a moment to celebrate what is possible when people dream of improving their community."

The expanded and integrated health facility replaces the former Pine Island Lodge long-term care home adding new wings onto what had been Maidstone Hospital, and providing a new home for community health services for Maidstone and area.

The new facility provides all Maidstone health services at a single, easily accessible location that is modern, spacious, and appropriate for patients, residents, clients and staff. Services located at the new site include Acute Care (ambulance, emergency, laboratory, diagnostic imaging and health records); Community Health (addictions counselling, dietitian services, family counselling, home care, and public health nursing); and Continuing Care (activities and recreation, adult day programming, long-term care, and respite care). The site is also home to the community's Medical Clinic.

The facility consists of 26 continuing care beds (24 long-term care, plus two respite beds); and 11 acute care beds (five general acute and six specialty rooms). The specialty rooms are a palliative care room with adjoining room for family members; a bariatric room for heavy patients requiring specialized transfer equipment; an isolation room with infection control features; an observation room for short stay, close patient monitoring; and two swing rooms for residents awaiting placement in long-term care or acute care.

The new Maidstone Health Complex allows the best use of limited human resources, equipment and space. Benefits include improved communication, coordination and peer support between health providers, improved public access, expanded space for community health services, better support for staff and volunteer orientation, training, mentoring; and more efficient handling of building security and maintenance. Most importantly, the new Maidstone Health Complex creates a safer, more comfortable and appropriate environment for long-term care residents, and a better working environment for staff, health professionals, and volunteers.

Northland Pioneers Lodge

On February 3, 2009, Health Minister Don McMorris announced approval for replacement of Northland Pioneers Lodge (NPL) in Meadow Lake. The announcement was met with excitement from NPL residents, families, and staff, along with officials of Prairie North Health Region. The project is one of 13 high-priority long-term care replacement projects announced by the province under its Ready for Growth initiative.

Prairie North began work quickly to move the project forward. The first step is development of the functional program for the new facility, followed by detailed design. The Region anticipates going to tender with the project in January 2010, followed by an April 2010 construction start, and September 2011 completion.

Northland Pioneers Lodge, Meadow Lake

Efforts are underway to select and secure a site for the new facility and to establish a local steering committee. Priorities include staff and community engagement in the estimated $24 million project. Under the provincial cost sharing formula, the government contributes a 65% share, with the local community responsible for the remaining 35% plus equipment and furnishing costs.

The existing Northland Pioneers Lodge consists of three buildings constructed over a period of 50 years. The total complement includes 55 long-term care beds and 29 assisted living spaces. The initial project approval from the province is for replacement of the 55 long-term care bed component. PNHR and the community of Meadow Lake are concerned with the future of the assisted living space. Both believe the units are necessary in the continuum of care and, going forward, are critical to maintain.

Saskatchewan Hospital

The final pieces of functional programming and concept design for replacement of Saskatchewan Hospital North Battleford (SHNB) were completed and submitted to government in December 2008. Ministry and Cabinet approval is required to proceed to the next phase of planning.

The preliminary functional program and concept design was presente[illegible] residents and staff of Saskatchewan Hospital in September 2007, followed by presentation to the public. The initial plan called for development of a completely new Saskatchewan Hospital with 204 inpatient beds and 32 community reintegration beds, for a total of 236. The focus of the programming remains on psychiatric rehabilitation - both acute and extended. Sask Hospital would remain home to the province's Forensic program with expansion from the current 22 beds, to 48.

The plan recommends the new facility be built on the Saskatchewan Hospital grounds, northwest of the existing structure. The design is modular in scope to allow for future flexibility of usage. Plans include a "therapy court" concept to become the heart of the hospital with all patient services accessed off of this area. Other elements include a cafeteria for residents and staff, education and conference spaces, and support services areas. Opportunity exists for a strong educational component in the new structure to foster education, research and innovation in achieving and maintaining mental health. SHNB has long been an innovator and leader in mental health care and services, and the new facility and programming are anticipated to retain that status.

Concept Design – New Saskatchewan Hospital

Lloydminster Hospital

Prairie North Health Region awaits approval from the governments of Saskatchewan and Alberta for major redevelopment and expansion of Lloydminster Hospital. In the interim, necessary improvements were made in 2008-09 to expand the capacity of Lloydminster Hospital to meet service demands.

An expanded Surgical Unit was opened in February 2009 to accommodate 12 dedicated inpatient beds and eight day surgery stretchers for the program. Endoscopy services were relocated to the east wing of the hospital's Second Floor where a number of non-direct patient care services had previously been. Separating the surgical unit from the obstetrical unit allows obstetrics to function as a dedicated 15-bed ward. The changes were made possible thanks to decanting of other non-direct patient care services from the hospital to the PNHR Lloydminster Co-op Plaza site in downtown Lloydminster in 2007-08. The net eight (8) bed expansion raises Lloydminster Hospital's total bed count to its current level of 66, from the previous 58 in 2007-08, including the six-bed Transition Unit that was added in January 2006.

In March 2009, work began on redevelopment of several main floor departments, primarily Admitting, Emergency and Medical Imaging, to improve space utilization and accommodate addition in the year ahead of digital mammography service at Lloydminster Hospital. The changes are to allow for transition to a larger capital development that is currently before the Saskatchewan and Alberta Ministries.

Lloydminster Continuing Care Capital Project

Planning is underway for development of a new 60-bed long-term care facility on the Alberta side of Lloydminster. The project is that of the Province of Alberta which announced in early 2008 that East Central Health would receive $40 million to construct a new facility to replace the oldest 55-bed wing of its Dr. Cooke Extended Care Centre (DCECC).

Prairie North Health Region is participating on the Lloydminster Continuing Care Capital Project Steering Committee, which also includes representatives from the former East Central Health and Alberta Infrastructure. The Steering Committee held its inaugural meeting in August 2008 followed by a full-day planning day for the new facility in November. Construction is expected to begin in early spring 2010.

Points West

Prairie North Health Region supported Alberta's development of a designated assisted living facility in Lloydminster. As referenced on pages 12 and 21 of this report, Points West Living Lloydminster opened its doors in May 2008, followed in September by official opening of the complex. Points West Lloydminster is a 60 suite designated assisted living/supportive housing complex located on the Alberta side of Lloydminster and operated by Connecting Care Inc. Admission to the facility is through Prairie North Health Region's Continuing Care single entry point system. PNHR Home Care provides some nursing and case coordination services. Operating funds for the supportive housing program flow through Prairie North from Alberta Health Services (formerly through East Central Health Alberta).

Points West Lloydminster has assisted considerably with resource management in the community and area, helping to reduce the waiting list for long-term care in Lloydminster.

Information Technology

Prairie North's Information Technology (IT) Plan is a set of principles and standards that provides a blueprint for deployment of the Region's technology and information infrastructures, in alignment with PNHR's business goals. Over the past year, the IT Plan has moved forward in advancement of business technologies, policies and security, and continues to be an integral component of the Region's overall delivery of services.

In 2008-09, PNHR saw successful implementation of many new IT systems and services in support of our business priorities and our commitment to the provision of IT support services for Keewatin Yatthe Health Region (KYHR), our neighbouring health region to the north. Key projects included the complete migration of KYHR to virtual desktop infrastructure and virtual servers. This new infrastructure requires minimal local IT support, increases IT service levels, facilitates a robust disaster recovery plan, provides greater privacy and security, and moves the Region toward a greener environment by using a fraction of the electricity. PNHR is also deploying this virtual technology throughout our own Region as the normal process of computer replacement and upgrade continues.

The past year has seen further development of regional and provincial IT systems and services in Prairie North including implementation of the provincial RIS-PACS system in Battlefords Union and Lloydminster Hospitals, continued expansion and use of the provincial Pharmaceutical Information Program in our Region, and infrastructure/data center upgrades in support of mission critical clinical and business systems.

In the year ahead, the IT Plan will continue to evolve around expansion of clinical and business systems in support of the Region's Strategic Plan and the Provincial eHealth Strategy.

Business Continuity

PNHR's Business Continuity Plan (BCP) describes the processes to continue doing business during a disruption for identified risks such as pandemic, fire or tornado that affect all or part of the Region. For Financial Services, priorities have been set and processes described for various scenarios from partial to full disruption. The BCP identifies the critical functions to be covered and who can perform what functions. An emergency contact list is maintained and updated on a regular basis. The decentralization of Financial Services into three sites (North Battleford, Meadow Lake and Lloydminster) is an advantage in the case where one or two sites may be incapacitated, as each site has the ability to carry on with critical functions.

PNHR's Information Technology Disaster Recovery Plan augments the regional BCP by putting in place technical safeguards to ensure information recoverability in case of a disaster and providing high availability to technology resources. With Information Technology Datacenters in PNHR's two regional hospitals, PNHR utilizes replication of critical information and virtualization between these datacenters providing redundancy to regional IT resources.

In terms of emergency preparedness and disaster recovery plans, Prairie North continues to review, test, and revise its individual site and Region-wide plans to ensure they are up-to-date and complete.

Ethics

Prairie North Health Region continues to strengthen its Ethical Framework that is effective and sensitive to the needs of the individuals and communities involved. PNHR's Community Ethics Committees in The Battlefords, Lloydminster, and Meadow Lake/Rural area are active and the capacity to provide Ethical Consults is growing. The Regional Research Ethics Review Panel has met several times over the past year and has reviewed seven research projects proposed for activity within Prairie North. The Region's Ethics Report newsletter is published quarterly and serves to educate and build capacity in terms of ethics awareness, interest and support.

The lunchtime Telehealth ethics educational and discussion sessions continue to be popular and well attended, attesting to staff and physician interest and commitment to providing our services through an ethical lens.

Communications and Public Confidence

Appropriate and effective communication with all stakeholders is a priority for Prairie North Health Region in an effort to maintain and increase public confidence in Region-delivered services and in the health system in general. In 2008-09, Prairie North undertook significant communications and public relations activities and reported highlights of these initiatives to Saskatchewan Health on a quarterly basis as required. Key activities included:

- Participation in a community-sponsored public meeting in Turtleford April 7, 2008 focusing on physician recruitment and retention, health services, the Primary Health Care model of practice, and the role of Nurse Practitioners. Approximately 400 people attended the meeting.
- Participation in a radiothon fundraiser in Meadow Lake April 17, 2008 to raise money for the Meadow Lake Hospital Foundation in support of equipment for Meadow Lake Hospital. The event raised over $60,000 and was the first for the Foundation.
- Official opening of the new Mammography Suite at Battlefords Union Hospital April 29, 2008.
- Joint launch of new Mobile MRI Services in Lloydminster May 5, 2008 with East Central Health AB.
- Community Celebration and Grand Opening of the new Maidstone Health Complex June 10, 2008.
- Production of a print advertising campaign in Lloydminster in June 2008 highlighting services available and provided in the city.
- Communication of the Region's 2008-09 Operating and Capital Plans and Budget to staff, physicians, and the public. Fifteen general staff meetings were held throughout the Region by the CEO.
- Creation, production, presentation and distribution of the Region's 2007-08 Annual Report to internal and external stakeholders.
- Organizing, hosting, and facilitating media relations around a joint meeting in Lloydminster August 5, 2008 of the Health Ministers from Saskatchewan and Alberta, along with the Lloydminster MLAs for the two provinces.
- Participation of PNHR officials in meetings with Lloydminster groups and individuals to discuss health service needs and plans for the community.
- Regional communication activities in support of provincial information campaigns around West Nile Virus.
- Promotion of the Region's annual influenza immunization campaign.
- Hosting a media event September 10, 2008 to launch significant new technology for Laboratory Services at Battlefords Union Hospital in North Battleford.
- Providing communication support around arrival and official welcoming of Philippine nurse recruits to Prairie North Health Region in September 2008 and January 2009.
- Communications management regarding the re-use of syringe issue that surfaced in Prairie North at the end of October 2008.
- Communication support introducing Turtleford/Edam/St. Walburg as PNHR's newest Primary Health Care site.
- Introduction of RIS-PACS system at Battlefords Union Hospital to staff and public.
- Communications support and collaboration with Ministry on announcements including a new Northland Pioneers Lodge facility for Meadow Lake, provincial retention grant approvals, RHA Board appointments, additional funding for PNHR to address service pressures in Lloydminster, Patient First promotion, and province-wide presentation of HSAS and CUPE draft essential services plans.
- Participation in a public meeting March 23, 2009 in Meadow Lake to share information and dialogue with community about health services and plans.

PNHR also maintained a strong presence with Regional media through issuance of an average of two news releases per month, and management of approximately 150 media requests annually for information and/or interviews relating to services, programs, decisions and issues specific to or impacting Prairie North. The Region continued to handle media requests in a timely manner, generally between an immediate response to two days.

Financial Summary

The 2008-09 financial year was a trying one for Prairie North Health Region. After coming off its first full-year operating deficit in 2007-08, since the Region came into being in August 2002, PNHR began 2008-09 forecasting a further deficit for the year ahead.

In May 2008, the Region tabled a $1,172,598 deficit budget as a result of necessary investment in program expansions in acute care and community health services in Lloydminster. Total revenues for the Region were budgeted at $184,101,137, while expenses were projected at $185,273,735. The anticipated deficit represented 0.64% of the Region's budgeted operating expenditures.

As outlined earlier in this report, Prairie North spent much of the year working to secure additional resources from the Saskatchewan and Alberta governments to recognize and cover the costs of the service enhancements for Lloydminster. Confirmation and receipt of the additional funding came late in the fiscal year from both Saskatchewan's Ministry of Health and Alberta Health and Wellness. Saskatchewan provided $722,000 to cover its portion of costs; Alberta provided $1.4 million.

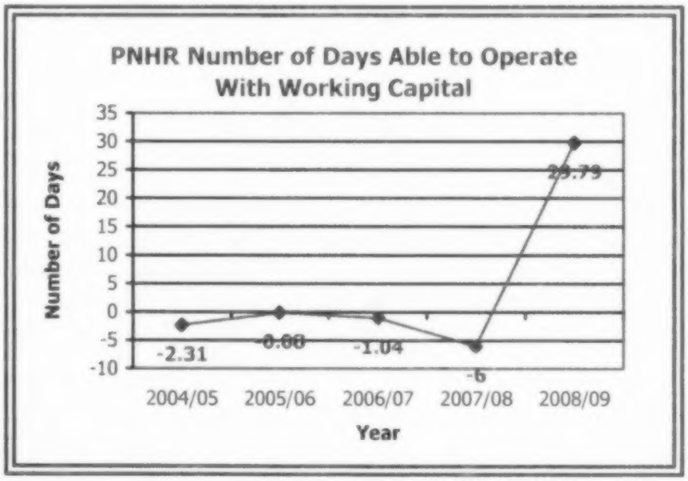
Uncertainty over whether PNHR would receive the additional funding and to what level contributed to a delay in implementing the Lloydminster initiatives. Challenges in recruiting to and staffing the expanded services were the primary factors behind the delay and ameliorated some of the projected deficit. Vacancies in hard-to-recruit positions through the year also helped ease the budget shortfall.

Prairie North's Audited Financial Statement for the fiscal year ending March 31, 2009 shows the Region ended the fiscal year with a $2,258,857 surplus. The surplus represents 1.2% of the Region's actual operating expenditures and helps return financial flexibility to PNHR to meet current and future needs. Surplus/deficit as a percentage of actual operating expenditures is a measure of financial viability and relative financial health of an organization. The optimal percentage value is one that is sufficiently high to provide a Region with the funds to maintain and improve the quality of care, but not so high as to indicate the Region is not fulfilling its mandate.

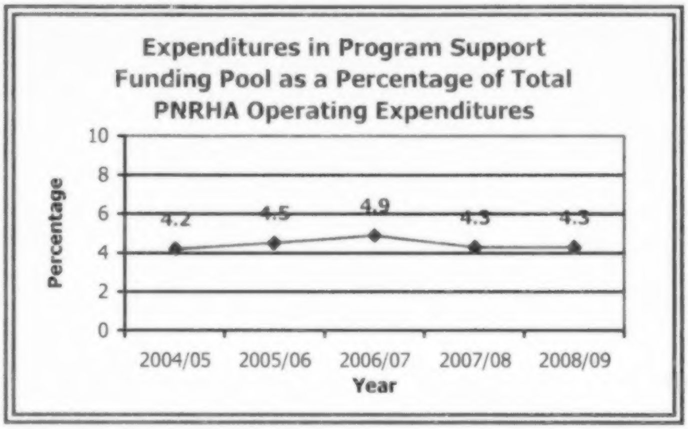
PNHR ended 2008-09 with actual revenues of $193,109,216 and expenditures of $190,850,359. Actual revenues were 4.9% higher than budgeted; actual expenditures were 3% higher than budget. Both increases were due almost entirely to additional funding from the Ministry and additional expenses associated with the collective agreement achieved in July 2008 between the Saskatchewan Association of Health Organizations and the Saskatchewan Union of Nurses.

Prairie North's return to positive financial ground improved the Region's working capital position as of March 31, 2009. Prior to year end, PNHR also received $14.8 million in funding as the province's share of the new Northland Pioneers Lodge long-term care facility approved for Meadow Lake. Under the required accounting for these funds, they are included in the calculation of working capital thereby inflating the number (29.79) being reported as at March 31, 2009.

Working capital is a measure of the wealth of an organization to conduct its day-to-day operations. It is an indicator of the agency's ability to meet its current financial obligations through management of current assets and current liabilities.



Prairie North remains below the 5% target established by Saskatchewan Health for Program Support Services expenditures as a percentage of total RHA operating expenses. The target applies to all but the two northern health regions. PNHR spent 4.3% of its 2008-09 operating budget on Program Support Services, unchanged from 2007-08.



The indicator measures how much a Region spends on administrative services relative to total operating costs. While most Regional Health Authority staff provide services directly to patients, clients, and residents, other staff are required to manage operations, hire employees, pay bills, and perform other corporate service functions. Generally, the goal of corporate management is to support the operations of the Region at the lowest possible cost.

Administrative services included in the indicator are the Region's Board of Directors, executive offices and support staff, public relations, finance, human resources, information technology and other functional areas related to regional administration but not captured in previous administrative categories or in program-related functions. The measure does not include costs directly associated with Acute Care, Supportive Care, and Community-Based functions.

PNHR continues to strive for efficiencies throughout our programs and services, as well as in our program support functions to improve overall effectiveness and maintain a strong, responsive and responsible financial position.

Prairie North planned to spend $3,778,387 purchasing capital equipment in 2008-09. The focus continued to be on enhancing patient/resident/client safety and reducing the risk of injury to staff, through purchase of electric beds, patient lifts, and ceiling tracking. As noted earlier in this report, PNHR was able to purchase and accept delivery of roughly 80% of capital equipment identified for 2008-09. The Region purchased 98 electric beds, 21 floor lifts, and tracking for 78 ceiling lifts, totalling over $800,000 under the Ministry's Safety Lifting Equipment Grant Program. Prairie North is deeply appreciative of the Ministry's support through this program. Other sources of funding included the Region's own capital reserve and East Central Health, plus major contributions from the Region's Foundations, Trust Funds, Auxiliaries, and residents. PNHR once again extends its deepest gratitude to these organizations and individuals for their ongoing, invaluable support of our patients and staff.

Of note, Prairie North budgeted to spend considerably less on capital equipment in 2008-09 because of the previous year's deficit position. In 2007-08, PNHR's capital equipment budget was $5.2 million. Prairie North also budgeted to spend $552,700 on information technology in 2008-09, compared to $682,400 the year previous.

Prairie North's capital project budget for 2008-09 was $1,073,000, less than half the previous year's budgeted amount of $2.7 million. Each capital budget was set significantly lower than the previous year in view of PNHR's negative financial forecast.

Despite the 2007-08 year-end deficit, the Region maintained a viable cash flow position throughout 2008-09 due to timing in the implemention of the Lloydminster enhancements and the additional funding that arrived late in the year. We remain cautious of staff vacancies and the inability to fill hard-to-recruit positions which challenge the organization to maintain the capacity of services and programs. Staff vacancies result in added pressure on existing employees, and have the potential to lead to even greater financial pressures for overtime, sick time, and other workplace issues. Prairie North continues to work on recruitment and retention, as well as other human resource, workload, and work environment issues to help improve the employee situation and return us to financial strength.

Future Outlook / Emerging Issues

Prairie North Health Region views the year ahead as one of opportunity: opportunity to renew our organization and our service delivery focusing on the patient; opportunity to improve access to everyday health services and direct resources to where they are needed most; opportunity to continue to rebuild and strengthen our workforce particularly in the area of nursing; and opportunity to continue the pursuit of excellence in everything we do.

PNHR is starting the 2009-10 operating year in a stronger financial position than 2008-09, thanks to the surplus achieved by the end of last year. The Region is projecting a balanced operating budget of over $210 million for the fiscal year ahead, the first time PNHR's budget has surpassed the $200 million mark. The return to a positive financial status allows Prairie North to reinvest in priority areas and continue our efforts to meet the health care needs of the Region's residents. PNHR expects the demands for services to continue to rise as Saskatchewan's population and prosperity continue to grow.

Escalating costs for overtime and sick time remain PNHR's most significant risk to our financial viability. PNHR will continue working on numerous fronts to try to slow, halt, and ultimately reverse that trend. Keys will be ongoing recruitment and retention, working with our employees to achieve a stable and healthy workforce, and improving the health and safety of the workplace.

Prairie North is optimistic about the opportunity the SUN/Government of Saskatchewan Partnership Agreement presents to rebuild our registered nurse/registered psychiatric nurse complement. The Region looks forward to collaboration through the new joint SUN/PNHR Retention and Recruitment Committee in exploring new ideas and creative solutions to RN/RPN retention and recruitment issues.

PNHR's economic stability remains inextricably tied to Alberta in terms of the future of operating and capital funding from that province to support the provision of health service and delivery for Alberta residents of Lloydminster. Clarity and strong linkage is required with the redrawn Alberta health system at the local, Regional, and Ministerial levels to resolve everything from outstanding day-to-day operational issues, to funding support, and broad jurisdictional matters.

PNHR's economic stability also rests with Saskatchewan's ongoing financial growth and development. As discussed on page 19 of this report, Saskatchewan has recognized the need for additional resources for Lloydminster to support increased population and service demands on this province's side of the border.

Also discussed earlier in this report and in previous PNHR annual reports, the biggest challenge to the long-term sustainability of our programs and services remains the availability of health human resources. Ongoing recruitment, retention, training, and education of health professionals through all sectors of the organization are central to our future success. Our ability to attract and keep health care workers will ultimately determine the long-term viability and sustainability of our health facilities, services and programs, particularly in rural locations.

Recruitment and retention of physicians, especially in rural locations and in specialty services, remains a siginficant challenge and focus for Prairie North Health Region, as it does for all Saskatchewan health regions. Prospects for significant improvement in the ability to recruit doctors are not anticipated to improve over the short term. Indeed, recruitment of family physicians from overseas to Saskatchewan has become even more difficult under more stringent licensing requirements by the Saskatchewan College of Physicians and Surgeons. The requirement for a three-month mentorship of new doctors in a group practice of three or more physicians will impact our ability to recruit to rural sites. The requirement for internationally–trained physicians coming to Saskatchewan, to take the Clinicians Assessment and Professional Enhancement (CAPE) exam is also hampering the ability to recruit, as all provinces with the exception of Manitoba do not impose this requirement.

Patient and staff safety remains high on the Prairie North agenda, as it does across the health system nation-wide. Safety and continuous quality improvement are the lens through which decisions are made and actions are taken. This emphasis will continue to influence decisions on health region priorities in the months and years ahead. Accreditation Canada's focus on safety with its Required Organizational Practices will help spur PNHR forward as the Region strives to achieve its third Region-wide Accreditation Status in its 2010 Accreditation Survey.

PNHR views Saskatchewan's Patient First Review and the results and recommendations which will follow as a perfect opportunity for improvement. The findings will no doubt significantly impact the future direction the health system must take in renewing itself. Prairie North intends to be an enthusiastic partner on that journey, as it does through the many Accelerating Excellence initiatives underway, including Quality As A Business Strategy, Lean methodology, the Productive Ward, Releasing Time to Care, and many other Accelerating Excellence tools.

For the year ahead, Prairie North will move forward on development of a new long-term care facility in Meadow Lake to replace Northland Pioneers Lodge. The Region is moving quickly to secure land for the new facility, to establish a steering committee and fundraising committee for the project, and to engage staff and the community in bringing the new long-term care home to reality.

The Ministry's approval of the Meadow Lake project in late 2008-09 has moved it to the top of Prairie North's capital project list. However, the Region will not lose sight of the much needed Saskatchewn Hospital replacement project and Lloydminster Hospital redevelopment. PNHR continues to work with the province to move the Saskatchewan Hospital project forward. With additional dollars promised in the 2009-10 provincial budget released in March 2009, PNHR will review and rescope the functional plans developed in 2007-08 to replace Saskatchewan Hospital and rejuvenate and expand Lloydminster Hospital.

Emergency preparedness and pandemic planning will see renewed emphasis in the year ahead, in view of potential pandemic threats that surfaced not long after the start of the 2009-10 operating year.

Overall, Prairie North Health Region must continue striving to meet the health care service and delivery needs of its residents and communities, and seek partnerships and opportunities whenever and wherever possible.

Governance and Transparency

Prairie North Regional Health Authority is the governing body of Prairie North Health Region and is accountable to the Minister of Health. Under *The Regional Health Services Act* which created Saskatchewan's health authorities, the Board is responsible for the planning, organization, delivery and evaluation of the health services it provides within the health region boundaries and within any other area directed by the Minister.

The Minister is responsible for:
- setting the strategic and operational direction of the health system,
- establishing performance goals to measure the success in addressing health needs of the population,
- establishing standards for health facilities and services,
- determining the allocation of resources, and
- providing as required province-wide health services.

Similarly, regional health authorities are responsible for:
- planning, organizing and delivering health services consistent with the province's strategic direction and available resources,
- promoting and encouraging health and wellness,
- assessing the health needs of area residents, and
- monitoring and reporting on progress of providing services that meet those health needs.

The Minister of Health and Regional Health Authority Boards have interdependent roles and responsibilities. Both the Minister and RHA Boards are involved in meeting expectations in relation to strategic planning; fiscal management and reporting; relationships; quality management; monitoring, evaluation and reporting; and management and performance.

Each year, an Accountability Document between each RHA and Saskatchewan Health sets out the Ministry's expectations of Regions for the funding provided. The Document contains both high-level organizational (governance and directional) expectations and program-specific expectations for the Regions.

Information in the Document is intended to clarify the ways Saskatchewan Health will evaluate compliance with these expectations. Indicators or measures by which achievement of expectations is assessed are shown side-by-side with expectations.

This Annual Report is a key component of the accountability process, providing detail to the Minister on the extent to which Prairie North RHA has set direction and made progress toward health system strategic direction, and complied with the Accountability Document.

Our Board

Prairie North Regional Health Authority is governed by a Board of Directors appointed by the Minister of Health and consisting of a maximum of 12 members. The Minister appoints the chairperson and vice-chairperson of the Board.

For most of 2008-09, PNHR was governed by an 11-member Board that had been in place since July 2005. The Board members' term was due to expire in July 2008; however, the Minister requested all current RHA Board members continue to serve until new appointments or reappointments were made.

On February 6, 2009, new RHA Boards were appointed province-wide.

Reappointed to the Prairie North Regional Health Authority Board are Bonnie O'Grady, Chairperson, from Neilburg and Ben Christensen, businessperson, North Battleford. Newly appointed to the PNRHA Board are Ross Clements, a lawyer from Lloydminster AB, Vice-Chairperson; Joanne Berry, retired nurse, Lloydminster AB; Gillian Churn, retired nurse, Maidstone; Richard Fiddler, Chief of Waterhen First Nation, Waterhen Lake; Terry Lamon, businessperson, Meadow Lake; Helene Lundquist, business owner, Maidstone; Jane Pike, retired nurse, Meadow Lake; Leanne Sauer, college teacher, Lloydminster AB; Donald Speer, retired businessman, North Battleford; and Colleen Young, homemaker, Lloydminster.

Prairie North Regional Health Authority Board
As at March 31, 2009

Back Row (From Left): Gillian Churn, Maidstone; Joanne Berry, Lloydminster AB; Donald Speer, North Battleford; Terry Lamon, Meadow Lake; Richard Fiddler, Meadow Lake; Ben Christensen, North Battleford; Colleen Young, Lloydminster; Jane Pike, Meadow Lake.

Front Row: (From Left): Helene Lundquist, Maidstone; Ross Clements, Vice-Chairperson, Lloydminster AB; David Fan, CEO, North Battleford; Bonnie O'Grady, Chairperson, Neilburg; Leanne Sauer, Lloydminster AB.

Photo by Don Whiting Photography, Lloydminster

Prairie North Health Region takes this opportunity to thank previous Board members Muriel Conacher, Don Duncan, David Esterby, Flora Fiddler, Vicki Helm, Joan Hill, Glenn Wouters, Don Young, and Michael Zaychkowsky for their dedicated service to the patients/residents/clients, staff and physicians of Prairie North Health Region, to the residents and communities they represented. Your contributions to PNHR and the health system as a whole are greatly appreciated.

Prairie North's new Board members took office on the date of their appointment, followed quickly by orientation to the health system at the provincial level, and orientation to PNHR on February 23, 2009.

The Prairie North Regional Health Authority Board functions as a single entity, without separate committees, though its members serve as RHA representatives on a number of committees and organizations. Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

Committee Membership or Representation – Prairie North Regional Health Authority

As At March 31, 2009

Committee or Organization	PNRHA Representative
Battlefords Union Hospital Foundation	Ben Christensen
Lakeland Regional Community Health Advisory Network (Turtleford/St. Walburg/Edam)	Helene Lundquist
Meadow Lake and Area Community Health Advisory Network	Jane Pike
North Sask Laundry & Support Services	Bonnie O'Grady
PNHR QMentum Accreditation Governance Team	Leanne Sauer
PNHR Quality As A Business Strategy (QBS) Leadership Team	Joanne Berry
Saskatchewan Association of Health Organizations	Bonnie O'Grady

Community Advisory Networks

The Regional Health Services Act requires Health Authorities to establish one or more Community Advisory Networks (CANs) to help facilitate consultation with and input from local communities. CANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

Prairie North Health Region continues working toward developing CANs that coincide with the geographic areas for Primary Health Care. These areas are The Battlefords, Lloydminster, Meadow Lake, Loon Lake/Goodsoil/Pierceland, Turtleford/Edam/St.Walburg, Maidstone/Cut Knife/Neilburg, and First Nation communities. PNHR currently functions with six CANs:

Lakeland Regional Community Health Advisory Network
Lloydminster and District Health Advisory Committee
Meadow Lake and Area Community Health Advisory Network
Paradise Hill Health Advisory Committee
Pine Island Lodge Advisory Committee
St. Walburg Health Advisory Committee

The Region provides support to its CAN committees by way of covering printing and postage costs, as well as providing some administrative support.

On June 24, 2008, PNHR held its second Regional CAN meeting in Turtleford. The meeting was attended by representatives from the communities of Edam, Turtleford, Goodsoil, Meadow Lake, Maidstone, and Waseca; members of PNHR senior management and Board. The day included a review of the PNHR budget and operations plan for 2008-09, a review and discussion of the Prairie North policy on Community Advisory Networks, and a round-table discussion including an update from each of the areas represented. The day concluded with the group looking at ways for CANs to contribute to the overall goals of Prairie North Health Region.

The Lakeland Regional Community Health Advisory Network (CHAN) was formally established in March 2008 with appointment of members by the PNRHA Board. The appointments followed expressions of interest in serving on the committee from local and area residents. The Lakeland Regional CHAN serves the Edam/Turtleford/St. Walburg area and currently has representation from Edam, Mervin, Turtleford, Thunderchild First Nation, Brightsand and St. Walburg.

The first meeting of the Lakeland Regional CHAN was held in May 2008. Group members established the name for the committee, developed Terms of Reference, and set the following goals:

- Proactive support of healthy living in communities via public meetings, newspaper articles, etc.
- Staff appreciation and welcome efforts
- Soliciting input from the public regarding improving health services
- Health fair booths
- Question and answer columns in local and area newspapers regarding health matters.

The Lakeland Regional CHAN developed a brochure to communicate with local and area residents as to its purpose, and to seek input from the public on health services. The brochures can be found in medical clinics and credit unions in Edam, St. Walburg and Turtleford as well as at the Health Centre at Thunderchild First Nation. The Lakeland Regional CHAN meets monthly with the exception of July and August.

The Meadow Lake and Area CHAN meets monthly with the exception of July and August. This vibrant and active group's mandate is to enhance two-way communication between the community of Meadow Lake and area, and Prairie North Regional Health Authority. The group hosts staff appreciation events with the support of local community groups. The CHAN provides regular question and answer columns in local newspapers and distributes brochures throughout Meadow Lake and area seeking advice and input on local health concerns. CHAN members meet regularly with the Meadow Lake Medical Advisory Committee.

The Meadow Lake and Area CHAN hosted its second public informational meeting on March 23, 2009. The meeting was well attended by community residents. Prairie North Health Region representatives and the Meadow Lake physician Site Chief of Staff provided information, listened to concerns and answered questions on a variety of topics including replacement of Northland Pioneers Lodge, emergency services, home care and long-term care. The Meadow Lake CHAN is also planning for a separate public meeting in early May 2009 to deal specifically with the question of renal dialysis service for Meadow Lake.

The Paradise Hill Health Advisory Committee meets on a monthly basis with a focus on the Paradise Hill Personal Care Home. The group was successful in 2008-09 in securing a handivan for use in the community. The St. Walburg Health Advisory Committee meets as required to discuss concerns related to access and availability of health services.

The Pine Island Lodge Advisory Committee at Maidstone continues to meet on a monthly basis to discuss local health care issues. The committee's membership includes representation from surrounding municipal governments as well as from the Maidstone and Lashburn Health Care Auxiliaries.

Public Transparency

Maintaining public transparency in the decisions it makes, the actions and initiatives it implements, and overall, in the business it conducts is a fundamental tenet of Prairie North Regional Health Authority. The Authority believes in being accessible and accountable to the public, and continues its dedicated efforts to achieve these results.

All regular monthly Board meetings are open to the public. The meetings are extensively advertised to invite participation and attendance. Presentations to Board meetings are welcome and encouraged. Policies to facilitate presentations, and to ensure responses to presentations, are in place.

Regular monthly Board meetings are rotated through several of the Health Region's communities, facilitating access by local residents and community leaders. Local officials and members of the public are advised of the time, date and location of Prairie North Board meetings in their areas.

Local and area media are notified and invited to all Prairie North Regular Board meetings. Notification is also provided each month to the Region's staff and physicians.

The schedule of Board meetings is maintained on the Region's Intranet and Internet sites, along with the policies, procedures, and contacts for submissions and presentations to the Board. Information about the Board and how Board members can be reached is maintained on the Region's websites.

Following each Board meeting, the Board's newsletter *Board Notes* is prepared and distributed, usually within three working days. The document features highlights of presentations, discussions and decisions from the meeting. *Board Notes* is distributed, using a variety of media, to staff and physicians, partnering agencies and organizations, community leaders, media and the general public.

Board meeting minutes are distributed, once formally adopted by Board members, to facilities and programs in the Region. Copies of minutes are available to stakeholders. Minutes are posted and available on the Region's websites.

The Region's Annual Report is broadly distributed to key stakeholders and is available on-line via the Region's websites.

Additionally, the Region's Chairperson, Chief Executive Officer, and other representatives are willing and available to meet with community groups and organizations to discuss issues and matters of mutual concern.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. Reporting and tabling of the payee list holds the RHAs accountable for the public funds they receive.

Prairie North Health Region's 2008-2009 Payee Disclosure List can be accessed on the web at:
http://www.health.gov.sk.ca/prairie-north-health-region

Copies of the Payee Disclosure List may also be obtained by contacting Prairie North Health Region at (306) 446-6606.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Acaster, Dianne	95,144
Akre, Kim	56,651
Akre, Lorrie	51,140
Albert, Lori	69,583
Almond, Deanne	64,656
Almond, Rosemary	66,292
Amusat, Ismaila	77,065
Anderson Callbec, Trina	73,809
Anderson, Lorilynn	64,120
Andrews, Juanita	52,220
Arneson, Lillian	64,100
Arnold, Shelley	64,599
Auriat, Odette	125,970
Austin, Audra	86,076
Bacchetto, Theresa	69,653
Bailey, Kathryn	106,495
Bailey, Todd	98,986
Baldinus, Debra	66,761
Ball, Nicole	75,644
Ballan, Maureen	92,739
Bandola, James	62,715
Banks, Shannon	56,004
Banks, Shelly	64,799
Banks, Sherri	52,383
Bannerman, Charlene	61,965
Bannister, Elizabeth	50,654
Barclay, Grant	53,087
Barnett, Isabelle	89,956
Barr, Idella	76,488
Bartkewich, Catherine	78,507
Bauche, Barbara	76,834
Bauer, Robert	80,575
Bauming, Holly	118,437
Baynham, Carrie	89,016
Baynham, Jacquelin	94,791
Beach, Kathy	79,746
Beattie, Jennifer	64,916
Beaubien, Janet	65,831
Beauchamp, Glenda	53,128
Beckman, Barbara	71,199
Bellows, Amber	54,280
Bendall, Lucy	80,534
Bentley, Regina	132,879
Bertsch, Shirley	64,034
Betemps, Leona	65,052
Bielecki, Joanne	83,440
Bilanski, Lisa	67,228
Birkett, Sandra	68,076
Bishop, Marla	74,854
Blain, Marion	74,937
Blais, Elaine	83,724
Blais, Louise	57,188
Blais, Patrick	97,648
Blandin, Ashley	74,647
Bloch Hansen, Kathryn	78,524
Blocha, Doreen	53,775
Blouin, Rhonda	53,879
Blythe, Edith	106,275
Bodnar, Cynthia	215,108
Bogdan, Kevin	55,582
Bojarski, Shirley	59,136
Bolster, Lauri	84,545
Booth, Beverly	118,197
Booth, Stephen	97,444
Borgeson, Connie	63,059
Borowsky, Gail	98,445
Borsato, Natalie	79,290
Boskill, Sharon	109,476
Boulton, Noreen	77,982
Bouvier, Erin	54,413
Bouvier, Linda	86,651
Bowman, Jodi	51,621
Boyer, Claudette	55,310
Boyer, Desiree	59,152
Braaten, Cathy	52,572
Branconnier, Sherri	92,801
Brassington, Barbara	53,048
Brick, Dean	95,406
Briggs, Christine	70,934
Britton, Alan	59,891
Brodbin, M Helene	60,904
Brow, Robert	72,703
Brown, Betsy	65,597
Brown, Candace	50,118
Brown, Christine	64,788
Brown, Robert	108,503
Brucks, Susan	73,552
Buchynski, Kenneth	125,140
Bullock, Karen	77,104
Bullock, Lloyd	94,044
Bunnell, Diane	81,204
Burnouf, Jeannine	76,130
Burroughs, Penny	81,457
Cain Buglas, Jacalyn	64,238
Campbell, Jessica	61,212
Cann, Terry	50,449
Cappelle, Jarret	50,580
Carey, Deb	113,032

Personal Services (continued)

Carey, Lorelie	67,639
Carlson, Owen	54,551
Cavanagh, Dianne	71,373
Cavanagh, Nicole	52,146
Chabot, Lionel	136,751
Chambers, Margaret	84,207
Charabin, Brenda	77,003
Chartier, Constance	96,855
Chartier, Timothy	54,845
Chayeski, Alana	52,701
Chayeski, Byron	84,599
Chaykowski, Brenda	80,065
Choe, Yoon Jung	66,558
Chomicki, Doreen	65,608
Christianson, Christine	73,133
Christie, Sara	64,630
Chubb, Patricia	113,139
Clancy, Catherine	69,393
Clark, Margaret	56,431
Clarke, Darlene	81,739
Collinge, Dianne	77,391
Collins, Shari	63,038
Comfort, Melanie	61,975
Conacher, Ashley	65,397
Conacher, Laurie	77,402
Conacher, Michaela	56,271
Cook, Danelle	68,999
Cook, Robert	104,233
Cooke, Carrie	60,071
Cooke, Heather	61,153
Corbeil, Alan	65,010
Corpe, Cathy	65,052
Corrigal, Twyla	59,939
Cortus, Debby	74,188
Craib, Lizelle	55,190
Craig, Irene	65,769
Crane, Melissa	61,936
Crickard, Karen	65,088
Croke, Shane	61,001
Crone, Eileen	84,419
Cross, Katherine	54,393
Crossman, Doris	54,617
Crowder, Nichole	95,119
Crush, Noreen	50,221
Cundliffe, Verna	92,049
Custer, Cory	65,008
Daer, Tracey	63,924
Dahl, Glenda	64,898
Dalke, Kimberly	55,761
Dallyn, Michelle	69,303
Davis, Dale	70,177
Davis, Jane	53,659
Davis, Martha	56,374
Day, Kelly	92,494
Dearborn, Anna	50,245
Decelle, Kathy	65,234
Degenstein, Amanda	87,430
Demers, Sarah	53,113
Deneschuk, Judith	73,368
Denis, Irene	150,767
Denton, Errol	64,322
Derkatz, Rhonda	71,970
Derkatz, Trevor	101,372
Deutscher, Carol	66,271
Dimmick, Tammy	97,298
Dobson, Tina	57,186
Dodsworth, Dawn	81,691
Domshy, Beverley	95,651
Donald, Janet	62,000
Donald, Lynsay	50,795
Doom, Debra	92,350
Douville, Lorraine	57,026
Duchscherer, Wayne	60,147
Duddridge, Shawn	81,529
Dumont, Tracy	60,774
Dumouchel, Kathryn	73,818
Duncan, Diana	65,887
Duncan, Elizabeth	57,345
Dupuis, Darlene	90,262
Dustow, Verlyne	74,168
Dyck, Carol	100,636
Eberle, Cindy	104,628
Edgar Cozine, Shelly	130,072
Edwards, Timothy	50,393
Eliasson, Fred	70,493
Elliott Rumpf, Karen	67,300
Engelke, Carmel	94,582
English, Darlene	93,938
English, Roderick	126,309
Epp, Priscilla	97,145
Erickson, Faye	83,500
Ernst, Bernadett	95,531
Etcheverry, Chris	73,632
Etcheverry, Lionel	81,062
Etcheverry, Valerie	55,833
Etue, Christine	62,871
Fan, Colleen	52,980
Fan, David	245,115
Farrell, Barbara	71,942
Feist, Carla	60,325
Felix, Richard	65,196
Ferguson, Sandra	75,730

Personal Services (continued)

Ferguson, Wendy	53,507
Fillion, Janice	57,340
Fineday, Linda	52,294
Fischer, Karen	53,552
Flath, Kimberly	53,819
Florence, Michelle	69,344
Forbes, Gary	50,108
Forbes, Shelley	50,141
Forester, Barbara	87,336
Forrest, Christa	90,511
Foster, Wendy	73,419
Fowler, Penni	51,683
Franklin, Lindsey	51,023
Fransoo, Colais	79,599
Freeman, Carol	94,997
Frey, Geoff	67,936
Friedrich, Andy	105,418
Friesen, Karen	53,577
Frolek, Patricia	78,281
Fung, Teresa	101,461
Furtas, Judy	91,788
Gabruch, Colleen	64,503
Gadad, Jill	67,152
Gallano, Florinda	75,384
Gerbig, Karen	126,321
Gerbrandt, Gloria	85,054
Gervais, Donnell	89,214
Gieni, Kathleen	55,939
Gill, Chris	65,838
Gillen, Toby	96,593
Glowa, Lorne	103,396
Golinowski, Carol	57,407
Goota, Monica	97,428
Gosling, Kerri	76,198
Gossen, Karen	96,491
Graham, Marcella Joyce	55,068
Graham, Martha	55,354
Graham, Shiela	51,633
Grant, Sandra	91,730
Graupe, Lori	94,270
Gravelle Allenby, Angela	70,519
Graw, Esther	59,611
Greedharry, Prema	65,024
Greenfield, Robert	52,704
Greenwald, Kelly	59,172
Greenwood, Beverly	78,224
Gregg, Joanne	63,711
Gregoire, Gillian	89,902
Grela, Joseph	72,347
Greschner, Nadyne	83,403
Grigo, Sandra	61,373
Grychowski White, Loraine	96,613
Gubbe, Debra	92,252
Gubbe, Greg	78,943
Gubbe, Joanne	56,943
Gubbe, Louis	93,440
Gubbe, Spencer	67,945
Guest, Tabitha	72,156
Gustafsson, Laurie	72,638
Gusztak, Lewko	321,101
Hadland, Brenda	83,991
Haftner, Debra	50,608
Hagerty, Tammy	63,739
Haggard, Alison	82,570
Hall, Jeanette	74,697
Hamel, Denise	50,817
Hames, Lisa	100,924
Hames, Shelly	56,617
Hampton, April	61,983
Hanna Woodworth, Jennifer	76,508
Hanna, Christine	53,488
Hanson, Cindy	109,027
Harasymuk, Brian	83,307
Harbus, Debbie	85,737
Harder, Audrey	66,233
Hardy, Leah	51,121
Harlingten, Leora	77,327
Harms, Shannon	88,749
Harper, Rose	54,043
Harrison, Shelly	58,697
Harvey, Patricia	102,258
Harwood, Linda	51,971
Haslund, Janelle	69,265
Haughian, Terrie	66,714
Head, Myrna	53,403
Heck, Joan	53,119
Heidel, Kellie	97,535
Heidel, Michelle	53,201
Heintz, Wendy	74,581
Helmeczi, Amanda	57,267
Hemsley, Margaret	76,591
Hepp, Raquel	77,203
Hertes, Susan	80,157
Hetu, Deborah	80,012
Heyens, Amanda	58,992
Hiebert Sturrock, Lannis	68,282
Hill, Elizabeth	61,596
Hillaby, Vanessa	64,901
Hilsendager, Brent	65,574
Hilsendager, Rose	65,005
Hines, Tyler	72,677
Hnatiw, Carrie	63,384

Personal Services (continued)

Hodgson, Adrianne	53,375
Hoganson, Mardelle	92,646
Hoglander, Lorna	76,985
Holba, Barb	83,190
Horn, Janice	84,435
Horpestad, Beverlie	65,600
Horsman, Shelly	95,331
Horvath, Mitchell	53,105
Hotel, Robert	52,179
Hougham, Meggan	56,241
Houk, Valerie	50,153
How, Cindy	80,458
How, Ernie	82,234
Hryn, Donna	65,800
Huard, Patricia	54,624
Hubbard, Barry	304,966
Huber, Debora	85,645
Huebert, Kristin	102,227
Hughes, Kelly	59,563
Hume, Louise	54,296
Humenny, Therese	90,293
Hurlburt, Alexandri	50,374
Hurley, Jay	70,270
Huxley, Denise	96,674
Igini Close, Marie	87,459
Illingworth, Cherie	66,890
Illingworth, Connie	109,087
Imhoff, Shannon	69,563
Ip Fung Chun, Roger	99,979
Iturralde, Lailani J	104,092
Iverson, Darryl	54,048
Iwanchuk, Debbie	112,194
Jabagun, Adetoun	76,855
Jackson, Sharon	89,869
Jamieson, Claudette	129,939
Jeffrey, Evangelin	85,492
Jeffrey, Miles	71,729
Jesse, Lorrieann	74,197
Jiricka, Barbara	135,908
Jiricka, Brilyn	63,865
Johnson, Barbara	54,122
Jones, Gloria	93,651
Jones, Judy	64,369
Jones, Lori	59,097
Jonsson, Brian	89,779
Juarez, Michael	75,509
Kaltenborn, Vicki	83,818
Kalynchuk, Valarie	52,080
Kaplar, Gwendolyn	92,316
Kardynal, Dione	65,274
Keller, Jerry	157,419
Kenny, Karen	86,150
Kerr, Marilyn	73,199
Killoran, Jamie	51,869
Killoran, Linda	62,273
Kinchen, Tina	58,263
King, Gloria	53,561
Kingwell, Darlene	65,052
Kipp, Renee	65,006
Kirkland, Marianne	60,535
Klotz, Kayla	60,890
Knutson, Theresa	100,933
Koch, Gail	76,375
Koch, Lori	65,168
Kolosnjaji, Aleks	61,311
Kondra, Jennifer	58,442
Koroll, Georgette	81,513
Koroluk, Richard	84,468
Kotun, Laurie	76,742
Kozinski, Judy	52,878
Kozlowski, Karen	59,163
Kozlowski, Koreen	94,683
Kozma, Vivian	66,711
Kramer, Barbara	71,037
Kramer, Kaeley	62,906
Kuntz, Coralie	55,825
Kurc, Dorota	78,822
Kzyzyk, Diane	52,693
Laclare, Elaine	52,983
Laclare, Larry	51,352
Lafreniere, Pamela	99,971
Laliberte, Tanya	57,388
Lamb, Linda	66,161
Lambert, Carey	54,365
Lamoureux, Peggy	182,967
Landreth, Janet	80,578
Landrie, Cynthia	104,245
Laplante, Christina	56,925
Larson, Melinda	51,978
Lauritzen, Dianne	65,008
Lavoie, Gail	72,425
Lay, Julia	50,617
Lay, Justine	71,035
Lee, Kathy	53,043
Legere, Jeremie	52,470
Leibel, Lillian	68,962
Leitner, Jean	80,842
Leniuk, Janine	98,114
Lessner, Dwayne	92,097
Letwinetz, Bonnie	87,075
Lewis, Linda	72,354
Lindquist, Marilyn	80,469

Personal Services (continued)

Lindquist, Murray	124,427
Lindquist, Randy	105,570
Little, Melissa	53,259
Littlebear, Carrie	51,402
Loch, Sharlene	127,002
Lockhart, Becky	71,594
Lockhart, Joyce	84,787
Loewen, Heather	76,978
Logue, William	60,786
Loney, Shirley	137,507
Looshorn, Jennifer	106,993
Lorenz, Sharon	58,555
Loveday, Marsha	81,922
Lugrin, Brittiany	53,852
Lumsdon, Janet	65,794
Lund, Leona	72,776
Lychak, Tremayne	56,430
Lynds, Dalmar	98,994
MacDonald, Joan	76,003
MacDonald, Rosemarie	58,531
Mack, Shari	80,282
MacKinnon, Andrea	66,346
MacKinnon, David	99,194
MacKrell, Carol	93,065
MacLeod, Roy	90,421
MacNab, Brenda	52,128
MacNab, Ralph	77,132
Madsen, Dorothy	78,905
Maggrah, Kate	88,375
Malekoff, Debra	59,670
Mamer, Susan A	80,634
Manegre, Sherri	81,686
Mann, Devin	61,763
Mann, Devin	61,763
Martinson, Karen	69,261
Mason, Betty	84,861
Matechuk, Joan	88,300
May, Linda	68,918
Mayer, Jody	70,058
McCall, Gerard	90,386
McCallum, Georgette	58,863
McCallum, Laureena	54,281
McCaslin, Howard	70,929
McCord, Chad	63,711
McDonald, Carla	53,452
McDonald, Melanie	64,401
McDougall, Ashley	50,052
McGillis, Barbara	56,951
McHattie, Jane	79,888
McIntyre, Darcy	81,868
McKee, Roberta	61,670
McKenzie, Rema	56,652
McLeod, Mary	73,625
McMaster, Sarah	57,960
McMaster, Teresa	65,541
McMillan, Lenore	75,356
McMillan, Murray	80,542
McMillan, Teresa	95,212
McNeil, Dana	92,431
McNeill, Shawna	54,295
McOuat, Ina	72,347
McRae, Joan	62,193
McRae, Kenneth	73,836
McWatters, Patricia	96,231
Meagher, Lisa	52,232
Mee, Brad	70,421
Meena, Sharon	95,452
Meier, Terry	62,647
Meikle, Mary Lynn	62,464
Melchior, Jacquelin	110,157
Melenchuk, Dalton	72,069
Melling, Lynne	90,179
Menzel, Colleen	64,310
Michaud, Blair	56,832
Michaud, Jeanne	62,041
Michaud, Therese	100,089
Miller, Alden	50,171
Miller, Jennifer	64,730
Miller, Valerie	54,616
Milligan, Karen	51,000
Million, Dianne	77,729
Mills, Patricia	60,204
Misener, Patricia	52,704
Mitchell, Cheryl	83,724
Mitchell, Janet	54,173
Moir, Barbara	81,446
Moore, Dennis	76,151
Moore, Leona	75,797
Moore, Linda	87,221
Moore, Linda	54,617
Morin, Rochelle	64,578
Morin, Roxanne	92,627
Moylan, Lorna	58,299
Mulhall, Brad	63,453
Munn, Heather	58,642
Munroe, Frank	66,640
Murphy, Debbie	52,012
Murphy, Irene	89,541
Mushka, Linda	65,098
Nachtegaele, Glenn	65,129
Nachtegaele, Lori	53,730
Nagy, Sylvia	94,967

Personal Services (continued)

Nash, Faith	65,009
Navarro, Lori	79,820
Nelson, Donna	79,386
Neuls, Kimberley	65,468
Nickorick, Rita	59,510
Nielsen, Tracie	96,737
Nixon, Rhonda	52,967
Nolin, Gary	84,605
Nuanta, Tiwawan	76,921
Nyholt, Pamela	72,006
Nystrom, Dawn	90,898
Oborowsky, Earl	95,789
Oborowsky, Lynette	55,861
Oborowsky, Robyn	57,239
Obrien, Shea	69,964
Oddan, Irene	59,383
Ohanlon, Tanya	54,989
Olenick, Glenna	79,540
Oliver, Lisa	96,945
Oliver, Lynda	84,390
Ollen, Joan	72,752
Olsen, M Joanne	90,673
Olson, Donna	64,065
Omelchenko, Kim	111,340
Oquinn, Jeanne	104,741
Orriss, Cliff	83,724
Oster, Adrienne	69,923
Ouellette, Keith	112,537
Ovens, Lucie	63,818
Palidwor, Marion	79,793
Palmer, Janet	86,772
Panamaroff, Ruby	59,541
Panapasa, Lusia	100,545
Panton, David	52,606
Parker, Scott	89,770
Parkinson, Glenda	79,998
Pashniak, Sandra	61,437
Pattinson, Leah	51,247
Pauls, June	59,760
Paylor, Lindsay	81,429
Payne, Angie	70,507
Pellerin, Sonja	102,494
Pentz, Daniel	266,485
Perkins, Jennifer	68,705
Perrin, Colleen	55,501
Peters, Karalei	54,588
Peterson, Janet	87,691
Peterson, Tanya	61,201
Petruk, Paula	75,392
Phipps, Carol	61,883
Phommavong, Dur	65,915
Piatt, Roger	71,801
Pidkowa, Barbara	133,929
Pidwerbeski, Janice	67,993
Pierce Argue, Glenda	62,508
Pilat, Mandy	55,227
Piper, Diane	95,394
Piper, Jaimie	59,183
Pitman Fisher, Patricia	89,409
Politeski, Linda	72,693
Pollock, Stephen	70,225
Potter, Murray	58,644
Prescesky, Crystal	58,608
Prescesky, Jan	74,276
Preston, Colleen	94,660
Proctor, Leanne	69,499
Pruden Mcivor, Suzanne	95,875
Prystupa, Edna	90,085
Prystupa, Tracey	123,531
Ptolemy, Joyce	55,016
Puech, Monique	66,012
Rackel, Mary	81,310
Raiche Bogdan, Karen	79,743
Raiche, Chasity	80,405
Rathke Kubik, Candace	68,215
Raw, Julie	73,319
Rawlyk, John	60,887
Rea Buziak, Gina	68,002
Reid, Audrey	52,591
Reimer, Bruce	129,842
Reinhart, Cathy	78,543
Rewerts, Marsha	72,179
Rhinehart, Marcia	98,255
Richardson, Ken	82,412
Riesen, Leland	89,982
Rindero, Gaylene	57,991
Rindero, Lynzie	89,903
Risling, Cora	57,788
Roach, Alicia	51,172
Roach, Joyce	68,669
Robinson, Alice	84,798
Robinson, Shelley	80,524
Roen, Sharla	72,363
Rogers, Ann	50,204
Rogers, Corrinne	71,643
Rohovich, Carol	97,247
Rondeau, Monique	75,507
Roney, Anita	73,428
Roschker, Allison	55,128
Ross, Anne	73,958
Ross, Debra	64,479
Roszlein, Diane	131,852

Personal Services (continued)

Rothenburger, Evelyn	53,947
Roussel, Debbie	66,934
Rowland, Mary	70,201
Roy, Melodie	85,648
Rubidge, Glen	57,896
Rungis, Katrina	64,040
Rutherford, Joyce	80,503
Sack, Gail	51,639
Sack, Linda	109,787
Sadoway, Shawn	58,673
Sanche, Debra	83,781
Sankey, Sharon	119,519
Savoie, Dallas	110,078
Sawatzky, Yvonne	90,278
Sayers, Chad	84,350
Schlapkohl, Wayne	110,470
Schlekewy, Georgia	63,493
Schlenker, Tammy	63,798
Schmidt, Denise	53,507
Schneider, Allison	56,640
Schneider, Lucille	59,056
Schultz, Shannon	59,159
Schumacher, Ellen	72,446
Schweder, Laurie	96,389
Scott Olsen, Randa	96,326
Seabrook, Marvin	50,317
Seewalt, Evelyne	56,702
Senger, Heather	79,635
Seru, Mereamo	119,529
Sesay, Mariatu	107,625
Seymour, Judith	50,281
Sheppard, Lynn	56,758
Shkopich, Lori	80,155
Shynkaruk, Linda	96,737
Sieben, Dianne	65,937
Sieben, Tracy	88,712
Siklenka, Brenda	52,054
Simmons, Kirsten	57,188
Simmons, Roy	54,330
Simon, Curtis	97,549
Simon, Doreen	61,854
Simon, Karen	69,909
Simons, Karen	64,958
Simser, Kandice	91,746
Slager, Tammy	52,538
Slater, Carol	59,266
Smiley, Linda	95,636
Smith Jonsson, Lori	65,534
Somerville, Kimberley	66,217
Sonnega, Lois	101,531
Spencer, Coralee	80,932
Spencer, Donna	50,167
Squair, Laura	85,848
Staff, Larry	69,794
Stafford, Bonnie	71,612
Stapley, Jody	84,384
Startup, Ken	72,540
Stein, Eleanor	51,078
Steinacher, Roxanne	60,830
Steinborn, Laura	88,328
Stephen, Mark	58,072
Stevens, Danica	53,044
Stevenson, Roberta	83,301
Stewart, Audrey	50,844
Stoebich, Haley	57,561
Stoebich, Irene	84,712
Stolte, David	63,583
Strueby, Gail	78,512
Styre, Sheila	59,490
Suberlak, Rhonda	102,293
Sutherland, Charene	55,451
Sutherland, Debra	69,815
Sutton, Richard	94,256
Svandrlik, Joleen	50,646
Swatschina, Kara	67,843
Swerid, Cora	65,276
Swerid, Judith	61,874
Sword, Sherry	70,694
Sylvestre, Neal	100,439
Sywenky, Lesia	52,174
Tait, Christine	64,988
Tallon, Brenda	51,905
Tarasoff, Lorna	56,920
Tatchell, Maureen	82,678
Tatton, Colleen	82,718
Tebay, Roberta	129,069
Ternes, Ronald	136,458
Thiele, Chris	98,060
Thomas, Patricia	78,391
Thorpe, Sheri	60,996
Tkatchuk, Sheila	85,851
Toews, Celeste	80,676
Tokaryk, Dawne	86,410
Tollefson, Judy	89,403
Tomiyama, Ethel	73,439
Toye, Colleen	87,823
Tran, Sam	96,822
Trew, Lorraine	71,253
Tuiloma, Adi	117,639
Turcotte, Brenda	79,044
Turnbull, Brian	62,499
Turner, Lorna	53,103

Personal Services (continued)

Uhrich, Dennis	50,280
Ukrainetz, Stephanie	50,770
Uzelman, Glennys	138,512
Van Der Merwe, Lynette	107,635
Van Stone, Mike	77,039
Vany, Angele	64,344
Vany, Yvonne	80,799
Veikle, Anita	59,698
Veikle, Joan	55,520
Veikle, Linda	60,538
Veltikold, Georgina	95,023
Vetter, Kendall	54,036
Vick, Bonnie	109,428
Victor, Ashley	76,590
Viel, Carissa	57,378
Vogel, Margaret	62,949
Wadhawan, Amandeep	58,314
Wagar, Marie	66,276
Walker, Joyce	84,015
Walker, Tracy	68,148
Wall, Elaine	103,818
Wall, Tonia	53,222
Wallace, Lucy	87,404
Walls, James	83,948
Warren, Chris	64,552
Wasson, Lorraine	102,905
Wasyliw, Shelley	112,031
Watson, Carolyn	54,968
Watson, Donna	127,382
Watson, Katharina	71,872
Watt, Anne	137,468
Watt, Kelly	126,217
Watt, William	107,486
Weber, Bonnie	71,090
Weber, Daneen	70,607
Weber, Lori	60,589
Weikle, Mireille	83,556
Weinkauf, Laurie	55,781
Weninger, Leah	88,645
Weran, Karen	62,831
White, Ashley	64,221
White, Terry	70,172
White, Tracey	65,381
Whyte, Sheila	77,892
Wick, Judith	79,680
Wiebe, Alison	77,529
Wiens, Donna	58,812
Wiens, Gina	90,733
Wilford, Loucinda	88,503
Wilkes, Michelle	74,542
Wilkie, Fred	67,503
Williamson, Carol	53,688
Williamson, Donna	81,988
Williamson, Tanya	52,296
Winterhalt, Blaine	73,181
Winterholt, Catriona	67,094
Wladychka, Robert	98,646
Wolfe, Anita	76,198
Woloski, Roy	70,213
Woodworth, Kent	56,544
Woodworth, Tara	65,392
Woytiuk, Andrew	57,141
Wright, Christine	56,142
Wright, Melissa	67,361
Wuttunee, Alice	72,069
Wyatt, Shirley	86,483
Wychopen, Janice	83,362
Yates, Donald	81,529
Yelland, Bernadett	69,194
Yuen, Wai	112,867
Yuhasz, Juanita	54,560
Zacharias, Leila	54,024
Zeleny, Tracy	72,242
Zepp, Dorothy	59,877
Zimmer, Joan	116,968
Zinchuk, Michelle	60,065
Zinger, Ronda	76,200

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

1038199 Alberta Ltd.	82,308
3130827 CANADA INC	1,120,070
Abbott Laboratories	204,822
Advanced Electronic Solutions	145,770
Alcon Canada Inc	480,762
Aodbt Architecture Interior	77,676
Arjohuntleigh	783,653
Bard Canada Inc	135,542
Battleford & District Cooperative	50,488
Battleford Physiotherapy	73,482
Baxter Corporation	81,607
Beckman Coulter Canada Inc	159,766
Biomerieux Canada Inc	244,692
Bomimed Inc	101,785
Brunswick Filing Systems Inc	76,055
Bunzlcanada Ltd	230,389
Can Med Healthcare	320,502
Can Mental Health Association - North Battleford	164,026
Canadian Corps Of Commissionaires	152,968
Canadian Union of Public Employees Local 5111	1,076,501
Carestream Health Canada Company	130,094
CEG Energy Options Inc	354,088
Chef Redi-Meats Inc	136,759
Cherry Insurance	138,563
City Of Lloydminster	95,999
City Of North Battleford	252,344
Coca-Cola Bottling Ltd (Win)	52,343
Craftex Builders	53,087
Crestline	211,607
Department of Laboratory Medicine	103,430
DHL Express (Canada) Ltd	74,699
Domco Construction Inc	146,108
Dynalife Dx	488,277
Eecol Electric (N.B'Ford) Ltd	99,048
Epic Information Solutions	118,602
Fiber Tech Canada	175,483
Futuremed	498,491
Gambro Inc	88,552
GE Canada Inc	54,636
GE Healthcare Canada Inc	161,903
Geanel Restaurant Supplies	107,570
G-M Pearson Biomedical Waste	106,526
Grand & Toy	313,847
Great West Life Assurance Company	1,084,403
Health Sciences	139,222
Healthmetrx Canada	57,579
Hill-Rom Canada	314,101
Hospira Healthcare Corporation	766,914
Ikon Office Solutions	242,282
Imperial Tobacco Canada	57,564
Integrys Energy Services Of Canada	343,498
Intercity Packers Ltd	79,472
Interdynamix Systems	112,838
Johnson & Johnson Medical Prod	625,771
KCI Medical Canada Inc	67,816
Kemsol Products Ltd	82,251
Linvatec Canada ULC	94,876
Lloyd & District Co-op	111,820
Local Authorities Pension Plan	1,416,628
M C Healthcare Products Inc	284,639
Maquet Dynamed	63,649
Marsh Canada Ltd	399,716
McKesson Canada Corporation	831,594
Meadow Lake Associate Clinic	223,809
Med-I-Pant Inc	50,130
Medtronic Of Canada Ltd	86,627
Microsulis Medical Ltd	75,642
Minister Of Finance (PST)	135,138
Ministry Of Government Services	1,003,889
Ministry Of Health	132,057
Modern Janitorial Sales & Service	64,004
Nicole Enterprises Inc	162,562
North Battleford Clinic	360,360
North SK Laundry & Support	1,912,132
Northwest School Division	121,585
Novartis Pharmaceuticals Canada	292,064
Olympus Canada Inc	718,056
Ormed Information Systems Ltd	148,963
Ortho Clinical Diagnostic	236,924
Oxoid Canada Inc	89,509
Philips Medical Systems	890,945
Portage Vocational Society Inc	86,734
Prairie Meats	168,670
Prince Albert Parkland Health Region	891,441
Public Employees Superannuation	946,935
Public Service Superannuation	218,964
Receiver General for Canada	35,320,657
River City Plumbing & Heating	72,897
Roche Diagnostics	708,439
Russell Food Equipment Ltd (Saskatoon)	52,937
Saputo Foods Ltd	378,457
Schaan Healthcare Products	1,623,203
Shoppers Drug Mart (North Battleford)	200,129
Silvester Glass & Aluminum	90,893
SK Association of Health Organizations	7,439,907
SK Energy	987,472

Supplier Payments (continued)

SK Healthcare Employee's Pension Plan	9,884,232
SK Power Corporation	1,287,609
SK Registered Nurses Assoc	215,776
SK Tel	1,024,913
SK Union of Nurses	491,916
Smith & Nephew	63,697
Smiths Medical Canada Ltd	114,518
Source Medical	469,638
SRF Frontier Realty Inc	192,241
Steris Canada Inc	256,772
Stevens Company Limited	262,977
Stryker Canada Inc	113,149
Sunspun Food Service	412,669
Sysco (Edmonton)	233,667
Sysco (Regina)	1,189,318
Terracap Investments (Frontier)	64,728
Tyco	316,726
Ultra Print	68,453
Unisource Canada Inc	235,955
United Protection Services	76,721
Van Houtte Coffee (Saskatoon)	62,429
Vital Aire (Saskatoon)	116,693
Vitality Foodservice Canada Ltd	56,455
Walter A Slim Thorpe Rec Centre	13,993
WBM Office Systems	649,793
Weran Garry Contracting	64,807
Weston Bakeries Limited	58,746
Worker's Compensation Board - Alberta -Calgary	125,705
Worker's Compensation Board - Saskatchewan	1,820,776

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Battleford Early Childhood	99,902
Battleford Family Health Centre	748,663
Children First Childcare	347,641
Early Childhood Services	91,042
East Central Regional Health Authority	366,002
Edwards Society Inc	345,553
Learning Tree Child Development	60,873
Libbie Young Centre Inc	374,932
Lloydminster Emergency Care	1,149,016
Marshall's Ambulance	684,426
MD Ambulance Care Ltd	305,200
Points West Lloydminster	1,369,880
Walter A. Slim Thorpe Recovery Centre	478,782
Villa Pascal	2,043,091
WPD Ambulance	1,088,342

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abouhamra, Dr.	63,886
Bekker, Dr. Leon	321,425
Cholin, Brenda Dr.	247,742
Dr. A. Rawoot Medical Professional Corporation	386,545
Dr. K. V. Ramachandran Medical Professional Corporation	364,203
Dr. M. M. Botha Medical Professional Corporation	52,551
Dr. Mari La Cock Medical Professional Corporation	118,661
Dr. N. Ramachandran Medical Professional Corporation	340,206
Duncan, Dr. D	310,028
Dutoit, Dr. A	396,383
Elghdewi, Dr.	65,591
Gordon Craib Medical Professional Corporation	115,674
Gusztak, Dr. Lewko	71,618
Holtzhausen, Dr. P	122,375
Ibarreta, Dr. N	306,403
Johnson, Dr. J	352,985
Khurana, Dr. Mc	51,781
Loewy, Dr. J	71,474
Mahmood, Dr. Y	348,339
Marcelo, Dr. M	310,869
Mehboob, Dr. Mohammad	551,207
Moolla, Dr. Zuraida	202,804
Morton, Dr. David	191,586
Murray, Dr. Bruce	97,942
Musoke, Dr. E P	120,942
Nabi, Dr. W	106,536
Natha, Dr. Raj	319,253
Niemand, Dr. Christiaan	63,938
Ntambazi, Dr. Matthew	298,291
Obikoya, Dr. Olubankole	335,990
Pentz, Dr. D (Company)	281,998
Prollius, Dr. A	56,414
Prystupa, Dr. Aaron	317,607
Retief, Dr. Wilhelm	73,348
Spies, Dr.	355,452
Timol, Dr. Farzana	222,370
Tootoosis, Dr. Janet	169,377
Vanderwalt, Dr. Kobus	281,938

Management Report

May 11, 2009

PRAIRIE NORTH HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the records, Management and Board of Directors of the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Jerry Keller
Chief Financial Officer

2008 - 09 Financial Report

MENSSA BAERT CAMERON ODISHAW
CHARTERED ACCOUNTANTS

AUDITOR'S REPORT

TO THE BOARD OF DIRECTORS OF
PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY
PROVINCE OF SASKATCHEWAN

We have audited the statement of financial position of Prairie North Regional Health Authority (the "Authority") as at March 31, 2009 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Menssa Baert Cameron Odishaw

Chartered Accountants

North Battleford, Saskatchewan
May 11, 2009

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at March 31, 2009

Statement 1

		Restricted Funds			
	Operating Fund	**Capital Fund**	**Community Trust Fund**	**Total 2009**	Total 2008 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments	$ 16,276,444	$ 17,376,964	$ 1,228,089	$ 34,881,497	$ 12,532,381
Accounts receivable					
Saskatchewan Health - General Revenue Fund	125,081	-	-	125,081	328,146
Other	2,891,365	1,573,561	-	4,464,926	5,209,067
Inventory	1,583,810	-	-	1,583,810	1,673,224
Prepaid expenses	1,249,539	-	-	1,249,539	1,182,118
	22,126,239	18,950,525	1,228,089	42,304,853	20,924,936
Investments (Note 2, Schedule 2)	1,383,371	-	90,510	1,473,881	909,893
Capital assets (Note 3)	-	57,711,185	-	57,711,185	59,324,056
TOTAL ASSETS	$ 23,509,610	$ 76,661,710	$ 1,318,599	$ 101,489,919	$ 81,158,885
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,444,190	$ 1,199,860	$ 6,806	$ 6,650,856	$ 5,654,100
Accrued salaries payable	4,773,212	-	-	4,773,212	4,556,429
Accrued vacation payable	10,257,310	-	-	10,257,310	9,807,527
Current portion of mortgages payable (Note 5)	-	350,807	-	350,807	372,343
Deferred revenue (Note 6)	2,765,557	-	-	2,765,557	1,700,287
	23,240,269	1,550,667	6,806	24,797,742	22,090,686
Deferred Salary	43,533	-	-	43,533	-
Mortgages payable (Note 5)	-	5,004,723	-	5,004,723	5,360,122
TOTAL LIABILITIES	23,283,802	6,555,390	6,806	29,845,998	27,450,808
Fund balances:					
Invested in capital assets	-	52,355,655	-	52,355,655	53,591,592
Externally restricted (Schedule 3)	-	-	1,311,793	1,311,793	1,270,150
Internally restricted (Schedule 4)	225,808	1,864,659	-	2,090,467	1,360,700
Unrestricted	-	15,886,006	-	15,886,006	(2,514,365)
TOTAL FUND BALANCES (Statement 2)	225,808	70,106,320	1,311,793	71,643,921	53,708,077
TOTAL LIABILITIES AND FUND BALANCES	$ 23,509,610	$ 76,661,710	$ 1,318,599	$ 101,489,919	$ 81,158,885

Commitments (Note 4)
Mortgages (Note 5)
Pension Plan (Note11)

Approved by the Board of Directors:

Colleen L Young **Director** (Colleen Young)

Director (Hélène Lundquist)

The accompanying notes and schedules are part of these financial statements.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the year ended March 31, 2009

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2009	2009	2008	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008
	(Note 12)		(Note 10)				(Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 138,774,459	$ 146,504,534	$ 134,148,759	$ 22,300,660	$ -	$ 22,300,660	$ 4,646,730
Other Provincial Revenue	938,460	885,831	673,502	-	-	-	-
Federal Government Revenue	168,280	168,667	159,835	125,195	-	125,195	113,338
Funding from Other Provinces	25,155,114	26,133,566	21,437,438	216,169	-	216,169	875,094
Special Funded Programs	2,519,405	2,463,052	2,373,737	-	-	-	-
Patient Fees	10,267,360	10,135,154	10,055,286	-	-	-	-
Out of Province Revenue (Reciprocal)	1,587,050	2,056,326	1,483,528	-	-	-	-
Out of Country Revenue	31,050	37,738	172,319	-	-	-	-
Donations	200,000	254,215	246,302	2,292,199	20,136	2,312,335	1,177,383
Investment Income	577,850	361,375	604,354	23,301	31,482	54,783	107,369
Ancillary Revenue	247,300	337,435	247,037	-	-	-	-
Recoveries	2,472,609	2,628,559	2,426,383	3,510	-	3,510	-
Other Revenue	1,162,200	1,142,764	904,527	26,400	-	26,400	1,217,094
TOTAL REVENUES	184,101,137	193,109,216	174,933,007	24,987,434	51,618	25,039,052	8,137,008
EXPENSES							
Province Wide Acute Care Services	20,240,829	20,215,503	19,141,989	58,962	-	58,962	59,515
Acute Care Services	59,629,816	65,518,636	59,565,363	4,955,363	-	4,955,363	4,576,677
Physician Compensation - Acute Care Services	7,367,188	7,083,708	6,793,824	-	-	-	-
Supportive Care Services	48,210,442	47,816,407	43,580,273	1,234,282	9,975	1,244,257	1,226,082
Home Based Service - Supportive Care	7,244,777	6,945,740	6,691,862	82,987	-	82,987	81,099
Population Health Services	4,760,224	4,754,771	4,256,830	19,672	-	19,672	15,117
Community Care Services	9,746,527	9,606,342	8,715,925	-	-	-	-
Home Based Services - Acute & Palliative	1,207,415	1,275,346	1,118,912	-	-	-	-
Primary Health Care Services	4,566,078	4,853,714	5,207,531	800,367	-	800,367	754,843
Emergency Response Services	4,696,060	5,046,583	4,584,829	92,123	-	92,123	83,220
Mental Health Services - Inpatient	2,287,257	2,296,669	2,153,266	4,820	-	4,820	2,124
Addiction Services - Residential	719,084	765,244	740,718	7,733	-	7,733	7,733
Physician Compensation - Community	3,725,262	3,855,279	2,942,613	-	-	-	-
Program Support Services	8,046,463	8,217,079	7,468,136	2,091,072	-	2,091,072	672,702
Special Funded Programs	2,584,928	2,354,963	2,432,058	4,709	-	4,709	4,709
Ancillary	241,385	244,375	159,184	-	-	-	-
TOTAL EXPENSES (Schedule 1)	185,273,735	190,850,359	175,553,313	9,352,090	9,975	9,362,065	7,483,821
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ (1,172,598)	2,258,857	(620,306)	15,635,344	41,643	15,676,987	653,187
Fund balances, beginning of year		(944,486)	274,769	53,382,413	1,270,150	54,652,563	53,400,427
Interfund transfers (Note 14)		(1,088,563)	(598,949)	1,088,563	-	1,088,563	598,949
FUND BALANCES, END OF YEAR		$ 225,808	$ (944,486)	$ 70,106,320	$ 1,311,793	$ 71,418,113	$ 54,652,563

The accompanying notes and schedules are part of these financial statements.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
for the year ended March 31, 2009

Statement 3

	Operating Fund		Restricted Funds			
	2009	2008 (Note 10)	**Capital Fund**	**Community Trust Fund**	**2009**	2008 (Note 10)
Cash (used in) provided by:	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenses	$ **2,258,857**	$ (620,306)	$ **15,635,344**	$ **41,643**	$ **15,676,987**	$ 653,187
Amortization	-	-	**8,041,282**	-	**8,041,282**	7,140,965
Gain on sale of capital assets	-	-	**(19,264)**	-	**(19,264)**	(27,761)
Net change in non-cash working capital (Note 7)	**1,598,631**	1,970,661	**1,561,346**	**17,359**	**1,578,705**	285,323
	3,857,488	1,350,355	**25,218,708**	**59,002**	**25,277,710**	8,051,714
Purchase of capital assets	-	-	**(6,431,929)**	-	**(6,431,929)**	(10,193,341)
Proceeds on sale of capital assets	-	-	**22,782**	-	**22,782**	67,650
Sale (purchase) of long-term investments	-	-	-	-	-	-
	-	-	**(6,409,147)**	-	**(6,409,147)**	(10,125,691)
Acquisition of debt	-	-	-	-	-	-
Repayment of debt	-	-	**(376,935)**	-	**(376,935)**	(435,325)
	-	-	**(376,935)**	-	**(376,935)**	(435,325)
Net (decrease) increase in cash and short-term investments during the year	**3,857,488**	1,350,355	**18,432,626**	**59,002**	**18,491,628**	(2,509,302)
Cash and short-term investments beginning of year	**13,507,519**	12,756,113	**(2,144,225)**	**1,169,087**	**(975,138)**	935,215
Interfund transfers (Note 14)	**(1,088,563)**	(598,949)	**1,088,563**	-	**1,088,563**	598,949
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	$ **16,276,444**	$ 13,507,519	$ **17,376,964**	$ **1,228,089**	$ **18,605,053**	$ (975,138)
Supplementary Information:						
Cash interest paid	$ -	$ -	$ **298,092**	$ -	$ **298,092**	$ 325,799

The accompanying notes and schedules are part of these financial statements.

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (the Authority) operates under the *Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of *The Act.* The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i. The Authority has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Lloydminster Emergency Care Services Inc.
Marshall's Ambulance Care Ltd
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance

Note 9 b) i. provides disclosure of payments to CBOs and third parties.

ii. The following affiliate is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act:

Société Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Authority's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii. The Lloydminster Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under The Income Tax Act.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

f) Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The Authority has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Authority's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred,
- Short-term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009 (2008 – none), the Authority does not have any outstanding contracts or financial instruments with embedded derivatives.

The Authority is exposed to financial risks as a result of financial instruments. The primary risks the Authority may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by the changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.

2. **SIGNIFICANT ACCOUNTING POLICIES** (continued)

h) Financial Instruments *(continued)*

- Credit risk is the risk that one party to a financial instrument will fail to discharge on an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The Authority has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. **CAPITAL ASSETS**

	March 31, 2009			March 31, 2008
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 1,563,822	$ -	**$ 1,563,822**	$ 1,563,822
Land improvements	1,635,741	1,500,834	**134,907**	158,711
Leasehold improvements	451,011	124,414	**326,597**	9,418
Buildings	95,369,498	52,167,700	**43,201,798**	30,991,147
Equipment	55,658,277	43,412,512	**12,245,765**	10,794,186
Construction in progress	238,296	-	**238,296**	15,806,772
	$ 154,916,645	$ 97,205,460	**$ 57,711,185**	$ 59,324,056

4. **COMMITMENTS**

a) Capital Assets Acquisitions

At March 31, 2009, commitments for acquisition of capital assets were $375,290 (2008 - $377,151). Also at March 31, 2009 commitments for capital construction in progress were $0 (2008 – $291,145).

As at March 31, 2009 the Ministry of Health provided the Authority with funding in the amount of $14,800,000 to be used to construct a Long Term Care facility.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2010	$ 382,504
2011	416,556
2012	420,516
2013	339,395
2014	339,395

4. COMMITMENTS (continued)

c) Contracted Health Service Operators

The Authority contracts on an ongoing basis with private health service operators to provide health services within the Region. The Authority has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	**2009**	2008
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	$94,777 principal and interest, of which $26,245 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.62%. Mortgage renewal date - March 1, 2017	**$ 938,171**	$ 990,689
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	$43,101 principal and interest, of which $7,117 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.65%. Mortgage renewal date - June 1, 2015	**425,320**	449,386
Lakeland Lodge, St. Walburg CMHC, due March 1, 2026	8.000%	$32,973 principal and interest. Mortgage renewal date - March 1, 2026	**308,551**	316,881
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	$179,634 principal and interest, of which $58,105 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.49%. Mortgage renewal date - December 1, 2013	**1,586,193**	1,682,645
Northland Pioneers Lodge, Meadow Lake CMHC, due January 1, 2017	5.375%	$8,521 principal and interest. Mortgage renewal date - January 1, 2017	**54,503**	59,968
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	$87,291 principal and interest, of which $21,871 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.88%. Mortgage renewal date - March 1, 2017	**868,159**	916,354
The Battlefords River Heights Lodge Corp. CMHC, due January 1, 2017	5.375%	$12,470 principal and interest. Mortgage renewal date - January 1, 2017	**79,754**	87,752

5. MORTGAGES PAYABLE (continued)

Title of Issue	Interest Rate	Annual Repayment Terms		2009		2008
Balance forward			**$**	**4,260,651**	$	4,503,675
The Battlefords River Heights Lodge Corp. CMHC, due November 1, 2027	8.000%	$76,047 principal and interest. Mortgage renewal date - November 1, 2027		**742,847**		759,705
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	$15,736 principal and interest. Mortgage renewal date - December 1, 2026		**150,272**		154,021
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due December 1, 2011	2.500%	$79,320 principal and interest. Mortgage renewal date - December 1, 2011		**201,760**		270,464
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due August 1, 2008	5.800%	$45,158 principal and interest. Mortgage renewal date - August 1, 2008		**-**		44,600
				5,355,530		5,732,465
Less current portion				**350,807**		372,343
			$	**5,004,723**	$	5,360,122

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years are estimated as follows:

2010	**$**	350,807
2011		367,145
2012		355,212
2013		321,336
2014		338,190
2015 and subsequent		3,622,840
	$	5,355,530

6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance end of Year
Sask Health Initiatives				
Autism Workshop/Training	$ 62,232	$ 62,232	$ 200,000	$ 200,000
Catholic Family Services	-	-	24,770	24,770
Federal Accord -MH Home Care	113,837	55,014	-	58,823
Infection Control	271,089	82,646	-	188,443
Mentorship Program	10,150	11,270	37,400	36,280
Nursing Safety Training	119,644	6,861	-	112,783
Aboriginal Health Partnership	-	36,502	224,997	188,495
Philippine Nursing Grant	-	98,471	150,000	51,529
Primary Care - Diabetes	66,335	66,335	-	-
Primary Care -Pharmacy	20,000	14,230	-	5,770
Primary Care Team Development	65,535	-	-	65,535
Primary Care -Turtleford	-	4,370	125,000	120,630
Retention Grant -Compr Work	11,000	2,000	-	9,000
Retention Grant -ERIC	-	-	47,700	47,700
Retention Grant -Mentors	-	-	56,000	56,000
School Retrieval Program	15,502	15,502	-	-
Tobacco Enforcement Act	10,238	-	-	10,238
Workforce Planning	74,050	33,834	290,918	331,134
Workplace Wellness	223,555	-	-	223,555
	1,063,167	489,267	1,156,785	1,730,685
Non Sask Health Initiatives				
Acquired Brain Injury Funding	46,351	73,989	48,601	20,963
Alberta SECP Funding	56,525	56,525	-	-
Integrated Wrap-Around	12,549	3,095	33,170	42,624
Kids First Program NW	357,889	889,624	891,846	360,111
Kids First Program NB	105,185	1,325,937	1,393,522	172,770
Project Hope (Corrections)	32,108	32,108	25,821	25,821
Safe Driving Program	26,513	26,513	-	-
SUN Partnership/Retention	-	-	412,583	412,583
	637,120	2,407,791	2,805,543	1,034,872
Total Deferred Revenue	$ 1,700,287	$ 2,897,058	$ 3,962,328	$ 2,765,557

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
			Capital	**Community**	**Total**	Total
	2009	2008	**Fund**	**Trust Fund**	**2009**	2008
(Increase) Decrease in accounts receivable	**$ 376,542**	$ (1,011,186)	**$ 570,664**	**$ -**	**$ 570,664**	$1,257,341
(Increase) Decrease in inventory	**89,414**	(221,408)	-	-	-	-
(Increase) Decrease in prepaid expenses	**(67,421)**	628,669	-	-	-	-
(Increase) Decrease in financial instruments	**(574,541)**	570,647	-	**10,553**	**10,553**	42,867
Increase (Decrease) in accounts payable	**(732)**	(171,797)	**990,682**	**6,806**	**997,488**	(1,014,885)
Increase (Decrease) in accrued salaries	**260,316**	1,174,202	-	-	-	-
Increase (Decrease) in vacation payable	**449,783**	836,488	-	-	-	-
Increase (Decrease) in deferred revenue	**1,065,270**	165,046	-	-	-	-
	$ 1,598,631	$ 1,970,661	**$ 1,561,346**	**$ 17,359**	**$ 1,578,705**	$ 285,323

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds held in trust for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2009 was $711,000 (2008 - $658,911). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2009	2008
Revenues		
Edward's Society Inc.	$ 104,000	$ -
Saskatchewan Housing Corp	113,338	113,338
Saskatchewan Learning	2,215,561	2,105,035
Saskatchewan Worker's Compensation Board	260,567	514,877
SGI Canada Insurance Services Ltd.	247,491	268,702
	$ 2,940,957	$ 3,001,952
Expenditures		
Battleford Family Health Care	$ 748,663	$ 818,020
Ministry of Finance	135,138	152,772
Ministry of Government Services	1,003,889	1,135,562
Ministry of Health	132,057	175,061
North Sask. Laundry & Support Services Ltd.	1,912,132	1,919,609
Prince Albert Parkland Health Region	891,441	50,000
Public Employees Superannuation	946,935	461,861
Public Service Superannuation	218,964	177,299
Saskatchewan Association of Health Organizations	6,227,975	5,693,796
Saskatchewan Energy	735,837	581,685
Saskatchewan Government Insurance	12,694	9,961
Saskatchewan Health Care Employees Pension Plan	6,257,773	4,783,525
Saskatchewan Power Corporation	753,270	835,234
Saskatchewan Telecommunications	1,024,913	1,070,047
Saskatchewan Worker's Compensation Board	1,820,776	1,949,584
Saskatoon Health Region	42,288	96,584
University of Saskatchewan	25,917	17,199
	$ 22,890,662	$ 19,927,799
Accounts Receivable		
Keewatin Yatthé Health Region	$ 112,177	$ -
Saskatchewan Worker's Compensation Board	11,631	16,413
Societe Joseph Breton Inc.	322,066	328,146
	$ 445,874	$ 344,559
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	$ 473,303	$ 460,221
North Sask. Laundry & Support Services Ltd.	112,310	112,310
Saskatchewan Association of Health Organizations	118,710	-
	$ 704,323	$ 572,531

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2009	2008
Accounts Payable		
Ministry of Government Services	**$ 20,477**	$ 4,812
North Sask. Laundry & Support Services Ltd.	**168,344**	150,764
Prince Albert Parkland Health Region	**888,300**	-
Public Service Superannuation	**36,218**	35,084
Saskatchewan Association of Health Organizations	**331,457**	408,153
Saskatchewan Health Care Employees Pension Plan	**772,598**	1,059,316
Saskatchewan Telecommunications	**86,579**	65,855
	$ 2,303,973	$ 1,723,984

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i. Community Based Organizations (CBOs) and Third Parties

The Authority has also entered into conditional grant agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to CBOs and third parties.

	2009	2008
Canadian Mental Health Association (Saskatchewan Division) Inc.	**$ 149,271**	$ 128,297
Edwards Society Inc.	**332,567**	289,849
Libbie Young Centre Inc.	**367,802**	334,207
Lloydminster Emergency Care Services (1989)	**810,317**	718,161
Marshall's Ambulance Care Ltd.	**657,658**	593,512
Points West Living Lloydminster Inc.	**1,369,880**	-
Portage Vocational Society Inc.	**63,506**	59,968
Walter A. "Slim" Thorpe Centre Inc.	**478,782**	485,041
WPD Ambulance	**1,066,349**	981,391
	$ 5,296,132	$ 3,590,426

ii. Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to the affiliate:

	2009	2008
Société Joseph Breton Inc.	**$ 2,041,055**	$ 1,836,400

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

ii. Affiliates (continued)

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2009 and 2008 and for the years then ended:

	2009	2008
Balance Sheet		
Assets	**$ 980,880**	$ 786,107
Net Capital Assets	**959,805**	951,638
Total Assets	**$ 1,940,685**	$ 1,737,745
Total Liabilities	**$ 919,617**	$ 922,170
Total Net Assets (Fund Balances)	**1,021,068**	815,575
	$ 1,940,685	$ 1,737,745
Results of Operations		
Authority Grant	**$ 2,041,055**	$ 1,836,400
Other Revenue	**558,916**	561,278
Total Revenue	**2,599,971**	2,397,678
Salaries and Benefits	**2,027,172**	1,968,948
Other Expenses *	**367,306**	341,415
Total Expenses	**2,394,478**	2,310,363
Excess of Revenues over Expenses	**$ 205,493**	$ 87,315

* Other Expenses includes amortization of $71,679 (2008 - $67,320).

	2009	2008
Cash Flows		
Cash from Operations	**$ 192,298**	$ 208,833
Cash used in Financing Activities	**(37,392)**	(37,395)
Cash used in Investing Activities *	**(84,782)**	(49,045)
Increase in cash	**$ 70,124**	$ 122,393

* Investing Activities includes capital purchases of $79,846 (2008 - $45,694).

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $760,832 (2008 - $776,572) to Prairie North Regional Health Authority of which $485,784 (2008 - $597,720) is payable at March 31, 2009.

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

iii. Fundraising Foundations (continued)

Lloydminster Region Health Foundation Inc. (continued)

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $952,027 (2008 - $184,372) to Prairie North Regional Health Authority of which $29,033 (2008 - $26,854) is payable at March 31, 2009.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $99,980 (2008- $70,678) to Prairie North Regional Health Authority. As at March 31, 2009, the Foundation held funds of $56,541 (2008 - $7,245) which will flow to the Authority for capital and departmental purchases.

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $465,445 (2008 - $1,259,337) to Prairie North Regional Health Authority of which $12,401 (2008 - $90,887) is payable at March 31, 2009. In addition, there is a balance payable to Prairie North Regional Health Authority of $1,311,302 pertaining to the local share of the Maidstone building project.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2007-2008 balances have been reclassified to conform to the current year's presentation.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Authority's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the Public Sector Pension Plans Act of Alberta, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2007, which is the latest available financial information, is $1,183,334,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates.

Information on pension plans:

	2009					2008
	SHEPP[1]	**PSSP**	**PEPP**	**LAPP**	**Total**	**Total**
Number of active members	2,046	17	148	228	2,439	2,379
Member contribution rate, percentage of salary	5.85 -7.35%	7% -9%*		7.46%-10.6%		
RHA contribution rate, percentage of salary	6.52 -8.23%	25.5%-32.8%		8.46%-11.7%		
Member contributions (thousands of dollars)	4,636	46	442	638	5,762	5,328
RHA contributions (thousands of dollars)	5,192	167	473	721	6,553	6,027

* Contribution rate varies based on employee group.

[1] Active members include all employees of the RHA, including those on leave of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

Pension expense for the year amounted to $6,553,247 (2008 - $6,027,400) and is included in benefits in Schedule 1.

12. BUDGET

The Authority approved the 2008-2009 budget plan on May 28, 2008.

13. FINANCIAL INSTRUMENTS

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable, before the repayment required within one year, is $5,081,658 (2008 - $5,435,057) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	**Capital Fund**	**Community Trust Fund**	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	**$ (1,122,494)**	**$ 1,122,494**	**$ -**	$ (598,949)	$ 598,949	$ -
CMHC reserves	**33,931**	**(33,931)**	**-**	-	-	-
Mortgage payments	**-**	**-**	**-**	-	-	-
Other	**-**	**-**	**-**	-	-	-
	$ (1,088,563)	**$ 1,088,563**	**$ -**	$ (598,949)	$ 598,949	$ -

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH (ALBERTA HEALTH SERVICES BOARD)

General

The Authority is responsible for providing health services to Saskatchewan residents. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with East Central Health, and the agreement carries forward under the Alberta Health Services Board. This agreement sets out the general principles and processes with respect to:

i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of ECH;
ii) The operating, equipment and capital funding and any other related payments to be provided by ECH to the Authority;
iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;
iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and
v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of the ECH.

Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to ECH under the authority of Order In Council #106/95 dated March 31, 1995.
The Authority manages and operates this facility on behalf of the ECH.
These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	2009	2008
Balance Sheet		
Cash and Short-Term Investments	$ 12,401	$ 350
Accounts Receivable	25,334	67,617
Inventory	13,771	10,231
Prepaid Expenses	-	-
Total Assets	$ 51,506	$ 78,198
Accounts Payable	$ 90,382	$ 67,006
Accrued Salaries	160,055	137,376
Accrued Vacation Pay	465,095	437,233
Fund Deficit	(664,026)	(563,417)
Total Liabilities and Fund Balance	$ 51,506	$ 78,198
Results of Operations		
ECH Grant	$ 6,377,903	$ 5,740,745
Other Revenue	1,726,883	1,778,149
Total Revenue	8,104,786	7,518,894
Salaries & Benefits	7,229,881	6,731,600
Other Expenses	1,570,953	1,369,517
Total Expenses *	8,800,834	8,101,117
Excess of Expenses over Revenue	$ (696,048)	$ (582,223)

* Expenses include the Authority's allocated costs of $751,048 (2008 - $686,837).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of ECH.

16. CONTINGENCIES

Lawsuits

The Authority is currently involved as defendant in one legal claim. The Authority's insurance coverage would be adequate to cover the claim. The outcome of this legal claim cannot be determined at this tim and, accordingly, no liability has been recorded in these financial statements.

17. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determinin the fair market value of these donated services, the value of these donated services is not recognized in th financial statements.

18. CONTINGENT LIABILITY

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowe for an appeal process. As a result, employees and employers filed appeals, and recommendations on thes appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal There still remains a number of individual issues that consist of recommendations that were not agreed t Outcomes of the Tribunal resulted in further issues where additional classifications were created and dutie of existing classifications were revised. A process to deal with the issues is being developed by a third part The results of outstanding issues are currently unknown. The costs cannot be reasonably determined at thi time.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the year ended March 31, 2009

	Budget 2009	Actual 2009	Actual 2008
Operating:			
Board costs	$ 120,000	**$ 103,829**	$ 104,076
Compensation - Benefits	20,341,084	**20,789,163**	19,236,834
Compensation - Salaries	110,990,788	**115,418,530**	108,051,861
Diagnostic imaging supplies	449,295	**435,620**	456,787
Drugs	3,039,740	**2,747,773**	2,893,524
Food	3,243,180	**3,401,813**	3,041,830
Grants to ambulance services	2,288,731	**2,534,324**	2,293,064
Grants to third parties	4,463,906	**4,767,863**	3,048,928
Housekeeping and laundry supplies	1,218,960	**1,140,828**	1,138,816
Information technology contracts	547,450	**676,179**	517,363
Insurance	372,000	**391,125**	365,708
Interest	16,800	**17,022**	16,610
Laboratory supplies	1,631,820	**1,640,529**	1,492,065
Medical and surgical supplies	4,472,766	**4,670,081**	4,371,645
Medical remuneration and benefits	10,927,450	**10,727,309**	9,606,368
Office supplies and other office costs	1,666,610	**1,678,185**	1,539,026
Other	2,929,302	**2,756,261**	2,154,715
Other referred out services	4,887,361	**5,236,010**	4,510,899
Professional fees	1,101,228	**1,001,456**	867,446
Prosthetics	537,994	**370,292**	287,998
Purchased services	393,500	**520,498**	415,954
Rent/lease costs	1,014,716	**1,215,106**	1,160,301
Repairs and maintenance	1,197,390	**1,464,010**	1,158,137
Service contracts	1,253,780	**1,230,565**	1,111,724
Travel	2,754,250	**2,227,589**	2,309,172
Utilities	3,413,634	**3,688,399**	3,402,462
	$ 185,273,735	**190,850,359**	175,553,313
Restricted:			
Amortization		**8,041,282**	7,140,965
Mortgage Interest Expense		**296,039**	323,618
Other		**1,024,744**	19,238
		9,362,065	7,483,821
		$ 200,212,424	$ 183,037,134

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2009

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake CIBC	**$ 796,965**		
Lloydminster Credit Union	**16,579,999**		
	17,376,964		
Restricted Investments* -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Edam Credit Union	**25,652**		
Goodsoil Credit Union	**42,745**		
Innovation Credit Union, Cut Knife	**140,351**		
Innovation Credit Union, Meadow Lake	**405,226**		
Innovation Credit Union, North Battleford	**186,850**		
Maidstone CIBC	**34,133**		
R.M. of Mervin	**43,692**		
R.M. of Frenchman Butte	**9,550**		
Synergy Credit Union, Lashburn	**24,168**		
Synergy Credit Union, Lloydminster	**20,065**		
Synergy Credit Union, Marshall	**44,475**		
Synergy Credit Union, Neilburg	**102,061**		
Synergy Credit Union, St. Walburg	**26,747**		
Town of Cut Knife	**41,013**		
Vancity GIC	**45,028**	14-Apr-09	4.00%
Edam Credit Union	**20,331**	19-Apr-09	0.65%
Edam Credit Union	**16,002**	01-Dec-09	4.00%
	1,228,089		
Long Term			
Edam Credit Union	**16,002**	01-Dec-10	4.00%
Edam Credit Union	**21,335**	01-Dec-11	4.00%
Edam Credit Union	**53,173**	22-Jan-13	4.75%
	90,510		
Total Restricted Investments -Community Fund	**1,318,599**		
Subtotal	**18,695,563**		

* Restricted Investments consist of:
-Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
-Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund.

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2009

	Fair Value	Maturity	Effective Rate
Balance Forward	$ 18,695,563		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Credential Securities	35,445		
Innovation Credit Union	2,014,676		
Lloydminster Credit Union	12,140,772		
Lloydminster CIBC	32,789		
Turtleford Credit Union	27,972		
Equities	300		
Petty Cash	11,757		
Vancity GIC	40,715	14-Apr-09	4.00%
Vancity GIC	27,321	14-Apr-09	4.00%
Province of Nova Scotia	61,547	01-Jun-09	5.40%
Vancity GIC	169,123	03-Jun-09	3.30%
Bell Canada	123,188	15-Jun-09	6.15%
Hydro Quebec Global	123,358	15-Jul-09	6.00%
Concentra GIC	81,206	02-Sep-09	4.01%
Concentra GIC	206,622	21-Sep-09	3.99%
Concentra GIC	29,668	30-Sep-09	4.00%
Concentra GIC	239,119	16-Nov-09	4.31%
Province of BC	123,744	01-Dec-09	6.25%
Synergy Credit Union	172,816	10-Dec-09	4.00%
Synergy Credit Union	105,089	16-Dec-09	4.00%
Bank of Montreal	70,720	29-Dec-09	4.20%
Synergy Credit Union	228,675	29-Dec-09	2.25%
Term Deposit	209,822	n/a	2.35%
	16,276,444		
Long Term			
Credit Union Member shares	5		
Member equity	98,586		
Government of Canada	220,170	20-Jun-10	5.50%
Province of Ontario	55,004	19-Nov-10	6.10%
Synergy Credit Union	403,834	29-Dec-10	3.75%
Synergy Credit Union	201,865	29-Dec-11	3.70%
Synergy Credit Union	201,890	29-Dec-12	3.75%
Synergy Credit Union	202,017	29-Dec-13	4.00%
	1,383,371		
Total Unrestricted Investments -Operating Fund	17,659,815		
Total Investments	$ 36,355,378		
Restricted and Unrestricted Totals			
Total Cash & Short Term	34,881,497		
Total Long Term	1,473,881		
Total Investments	$ 36,355,378		

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2009

	COMMUNITY TRUST FUND EQUITY					
Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	**Balance End of Year**
Pine Island Lodge	$ 9,435	$ 181	$ -	$ -	$ -	**$ 9,616**
L. Gervais Memorial Health Centre	89,629	1,077	-	(3,165)	-	**87,541**
Northland Pioneer Lodge	395,742	8,617	-	-	-	**404,359**
Lady Minto Health Centre	146,088	7,037	9,914	(6,810)	-	**156,229**
Saskatchewan Hospital	184,212	3,974	3,107	-	-	**191,293**
River Heights Lodge	5,105	1,076	-	-	-	**6,181**
R.M. of Cut Knife	138,323	2,028	-	-	-	**140,351**
R.M. of Frenchman Butte	2,284	151	7,115	-	-	**9,550**
R.M. of Hillsdale	99,928	2,133	-	-	-	**102,061**
R.M. of Mervin	41,907	1,785	-	-	-	**43,692**
R.M. of Wilton	38,031	897	-	-	-	**38,928**
Town of Cut Knife	40,014	999	-	-	-	**41,013**
Town of Lashburn	23,710	458	-	-	-	**24,168**
Town of St. Walburg	26,249	498	-	-	-	**26,747**
Village of Marshall	5,543	4	-	-	-	**5,547**
Village of Rockhaven	14,786	356	-	-	-	**15,142**
Village of Waseca	9,164	211	-	-	-	**9,375**
	$1,270,150	$ 31,482	$ 20,136	$ (9,975)	$ -	**$ 1,311,793**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2009

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation	Other Income	Operating Expenses	Capital Expenses	**Balance End of Year**
Capital							
SHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	$ 97,991	$ 2,224	$ 9,340	$ -	$ (8,078)	$ (40,170)	**$ 61,307**
L.Gervais Memorial Health Centre	-	-	4,500	-	-	(4,500)	**-**
Lakeland Lodge	68,435	1,553	6,500	-	-	(23,296)	**53,192**
Lloydminster and District Senior Citizens Lodge	-	-	13,000	-	(8,018)	(4,982)	**-**
Northland Pioneers Lodge	138,486	3,144	19,523	-	-	-	**161,153**
River Heights Lodge	79,170	1,797	15,735	-	(14,017)	(65,197)	**17,488**
Turtle River Nursing Home	74,007	1,680	-	-	(3,818)	-	**71,869**
Total SHC	458,089	10,398	68,598	-	(33,931)	(138,145)	**365,009**
Other Internally Restricted Funds							
Donation Funds	374,725	-	555,738	-	-	(155,855)	**774,608**
ER Renovation Reserve	309,000	-	-	-	-	-	**309,000**
Northland Pioneers Lodge Reserve	-	-	297,014	-	-	-	**297,014**
Reserve for Ambulance	40,610	-	78,418	-	-	-	**119,028**
Total Capital	1,182,424	10,398	999,768	-	(33,931)	(294,000)	**1,864,659**
Operating							
Other Internally Restricted Funds							
Donation Funds	178,276	-	87,792	-	(40,260)	-	**225,808**
Total Operating	178,276	-	87,792	-	(40,260)	-	**225,808**
Total Internally Restricted Funds	$ 1,360,700	$ 10,398	$ 1,087,560	$ -	$ (74,191)	$ (294,000)	**$ 2,090,467**

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION
for the year ended March 31, 2009

	2009							2008
Board Members	Retainer	Per Diem	Travel Time	Travel & Sustenance	Other Expenses	CPP	**Total**	Total
Chairperson								
O'Grady, Bonnie	$ 9,960	$ 15,225	$ 7,978	$ 5,872	$ -	$ 1,488	**$ 40,523**	$ 47,474
Board Member								
Berry, Joanne	-	600	175	133	-	25	**933**	-
Christensen, Ben	-	3,638	719	904	-	149	**5,410**	5,303
Churn, Gillian	-	1,075	213	289	-	-	**1,577**	-
Clements, Ross	-	400	75	114	-	17	**606**	-
Conacher, Muriel	-	3,375	1,250	1,606	-	(13)	**6,218**	9,118
Duncan, Donald	-	2,287	700	513	-	100	**3,600**	5,787
Esterby, David	-	3,575	1,450	1,916	-	209	**7,150**	8,217
Fiddler, Flora	-	1,600	263	427	-	65	**2,355**	3,069
Fiddler, Richard	-	1,075	375	626	-	52	**2,128**	-
Helm, Vicki	-	2,150	612	427	-	-	**3,189**	4,000
Hill, Joan	-	3,650	2,075	2,517	-	230	**8,472**	11,473
Lamon, Terry	-	1,075	238	431	-	45	**1,789**	-
Lundquist, Helen	-	1,075	337	282	-	50	**1,744**	-
Pike, Jane	-	1,125	425	714	-	57	**2,321**	-
Sauer, Leanne	-	400	75	114	-	17	**606**	-
Speer, Donald	-	1,075	150	252	-	-	**1,477**	-
Wouters, Glenn	-	1,975	557	1,007	-	85	**3,624**	5,186
Young, Colleen	-	600	175	169	-	25	**969**	-
Young, Donald	-	2,888	863	1,227	-	-	**4,978**	6,314
Zaychkowsky, Michael	-	3,700	812	685	-	-	**5,197**	3,968
Total	$ 9,960	$ 52,563	$ 19,517	$ 20,225	$ -	$ 2,601	**$104,866**	$ 109,909

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2009

	2009					2008		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	**Total**	Salaries, Benefits and Allowances	Severance	Total
Fan, David - CEO	$ 245,115	$ 84	$ 245,199	$ -	**$245,199**	$ 192,618	$ -	$ 192,618
Chabot, Lionel - VP	136,751	84	136,835	-	**136,835**	131,999	-	131,999
Denis, Irene - VP	150,767	84	150,851	-	**150,851**	131,999	-	131,999
Jiricka, Barbara - VP	135,908	84	135,992	-	**135,992**	131,999	-	131,999
Keller, Jerry - VP	157,419	84	157,503	-	**157,503**	131,999	-	131,999
Uzelman, Glennys - VP	138,512	84	138,596	-	**138,596**	131,999	-	131,999
Total	$ 964,472	$ 504	$ 964,976	$ -	**$964,976**	$ 852,613	$ -	$ 852,613

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

Appendix A - Acronyms

AB	Alberta
ACLS	Advanced Cardiac Life Support
ADT	Admission, Discharge, Transfer
AHSB	Alberta Health Services Board
AHTF	Aboriginal Health Transition Fund
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
AUPE	Alberta Union of Provincial Employees
BCP	Business Continuity Plan
BDCC	Battlefords District Care Centre
BFHC	Battlefords Family Health Centre
BMI	Body Mass Index
BTC	Battlefords Tribal Council
BUH	Battlefords Union Hospital
BUHF	Battlefords Union Hospital Foundation
CAN(s)	Community Advisory Network(s)
CBO	Community-Based Organization
CCHSA	Canadian Council on Health Services Accreditation
CDAD	Clostridium Difficile
CDM	Chronic Disease Management
CDMC	Chronic Disease Management Collaborative
CEO	Chief Executive Officer
CHAN	Community Health Advisory Network
CLD	Community Living Division
CLXT	Combined Laboratory & X-Ray Technologist
CMHA	Canadian Mental Health Association
CQI	Continuous Quality Improvement
CSQI	Continuous Safety & Quality Improvement
CT	Computed Tomography
CUPE	Canadian Union of Public Employees
C&Y	Child and Youth
DCECC	Dr. Cooke Extended Care Centre
DI	Diagnostic Imaging
ECH	East Central Health (Region, Alberta)
ECP	Early Childhood Psychology
EFAP	Employee and Family Assistance Program
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ESP	Employee Scheduling Program

FASD	Fetal Alcohol Spectrum Disorder
FSIN	Federation of Saskatchewan Indian Nations
FTE(s)	Full-Time Equivalent(s)
GP	General Practitioner
HCO(s)	Health Care Organizations(s)
HICS	Health Incident Command System
HISC	Health Information Solutions Centre
HIV	Human Immunodeficiency Virus
HQC	Health Quality Council
HRSDC	Human Resources & Social Development Canada
HSAS	Health Sciences Association of Saskatchewan
HVAC	Heating, Ventilation and Air Conditioning
ICC	Infection Control Coordinator
IT	Information Technology
KYHR	Keewatin Yatthe Health Region
LPN	Licensed Practical Nurse
LRHF	Lloydminster Region Health Foundation
MAC	Medical Advisory Committee
MDS/RUGS	Minimal Data Set/Resource Utilization Group
MHO	Medical Health Officer
MI	Medical Imaging
MLTC	Meadow Lake Tribal Council
MMHH	Maidstone Municipal Health Holdings
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MWFR	Midwest Food Resources
NEPS	Nursing Education Programs of Saskatchewan
NP	Nurse Practitioner
NPL	Northland Pioneers Lodge
NSL	North Sask Laundry (& Support Services Ltd)
NSRMHH	North Saskatchewan River Municipal Health Holdings
OH&S	Occupational Health and Safety
OOS	Out-of-Scope
PART	Professional Assault Response Training
PHC	Primary Health Care
PHI	Public Health Inspector
PNHR	Prairie North Health Region
PNRHA	Prairie North Regional Health Authority

Appendix A - Acronyms *(continued)*

QBS	Quality As A Business Strategy
QCC	Quality of Care Coordinator
RHA	Regional Health Authority
RHL	River Heights Lodge
RIC	Regional Intersectoral Committee
RM	Rural Municipality
RN	Registered Nurse
RN/NP	Registered Nurse/Nurse Practitioner
ROP	Required Organizational Practice
RPN	Registered Psychiatric Nurse
RW	Representative Workforce
SAHO	Saskatchewan Association of Health Organizations
SARS	Severe Acute Respiratory Syndrome
SEP	Single Entry Point
SHNB	Saskatchewan Hospital North Battleford
SIAST	Saskatchewan Institute of Applied Sciences and Technology
SIRP	Saskatchewan Integrated Renal Program
SLP	Speech Language Pathology
SSCN	Saskatchewan Surgical Care Network
SUN	Saskatchewan Union of Nurses
TCA	Tobacco Control Act
TIPS	Therapeutic Integrated Paediatrics Services
TLR	Transfer, Lift and Repositioning
UNA	United Nurses of Alberta
VP	Vice President
VRE	Vancomycin Resistant Enterococcus
WCB	Workers Compensation Board
WNV	West Nile Virus

Appendix B — Resources & Further Information

Numerous sources and resources were used in the compilation of this report. Some of the sources have been cited in the body of the document and are provided again here. You are welcome and encouraged to access these resources for additional information about Prairie North Health Region, the Saskatchewan Ministry of Health, and any other agencies, organizations, websites or publications in which you are interested.

Prairie North Health Region www.pnrha.ca

Publications: Health Status Report 2008
Dr. Cooke Extended Care Centre Continuing Care Facility Functional Program Plan – FINAL REPORT
Lloydminster Hospital Functional Program & Master Plan- FINAL REPORT
PNHR Strategic Plan 2007-2010
PNRHA Key Activity Indicators Reports 2005-06; 2006-07; 2007-08; and 2008-09
Annual Reports 2007-08; 2006-07; 2005-06; 2004-05; 2003-04
Board Notes September 2002 to March 2009

News Releases: PNHR Current Releases 2009
News Archives 2008, 2007, and 2006

Government of Saskatchewan – Ministry of Health www.health.gov.sk.ca

News Releases: March 2009 – May 2009
Saskatchewan Ministry of Health Covered Population Reports 2008, 2007, 2006, 2005, 2004, 2003.
Saskatchewan Ministry of Health Performance Management Accountability Indicators – May 15, 2009
Saskatchewan Ministry of Health Performance Management Accountability Indicators Data Tables – May 15, 2009

City of Lloydminster www.city.lloydminster.ab.ca

City Profile – Population – Lloydminster Municipal Census

Statistics Canada www.statcan.ca

Statistics Canada, 2006 Census of Population

Statistics Canada. 2007. *Prairie North Regional Health Authority, Saskatchewan* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E

Statistics Canada, 2006 Census of Population Aboriginal Population Profile

Statistics Canada. 2007. *Prairie North Regional Health Authority, Saskatchewan* (table). *Aboriginal Population Profile*. 2006 Census. Statistics Canada Catalogue no. 92-594-XWE. Ottawa. Released January 15, 2008.
http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-594/index.cfm?Lang=E

How to Reach Us

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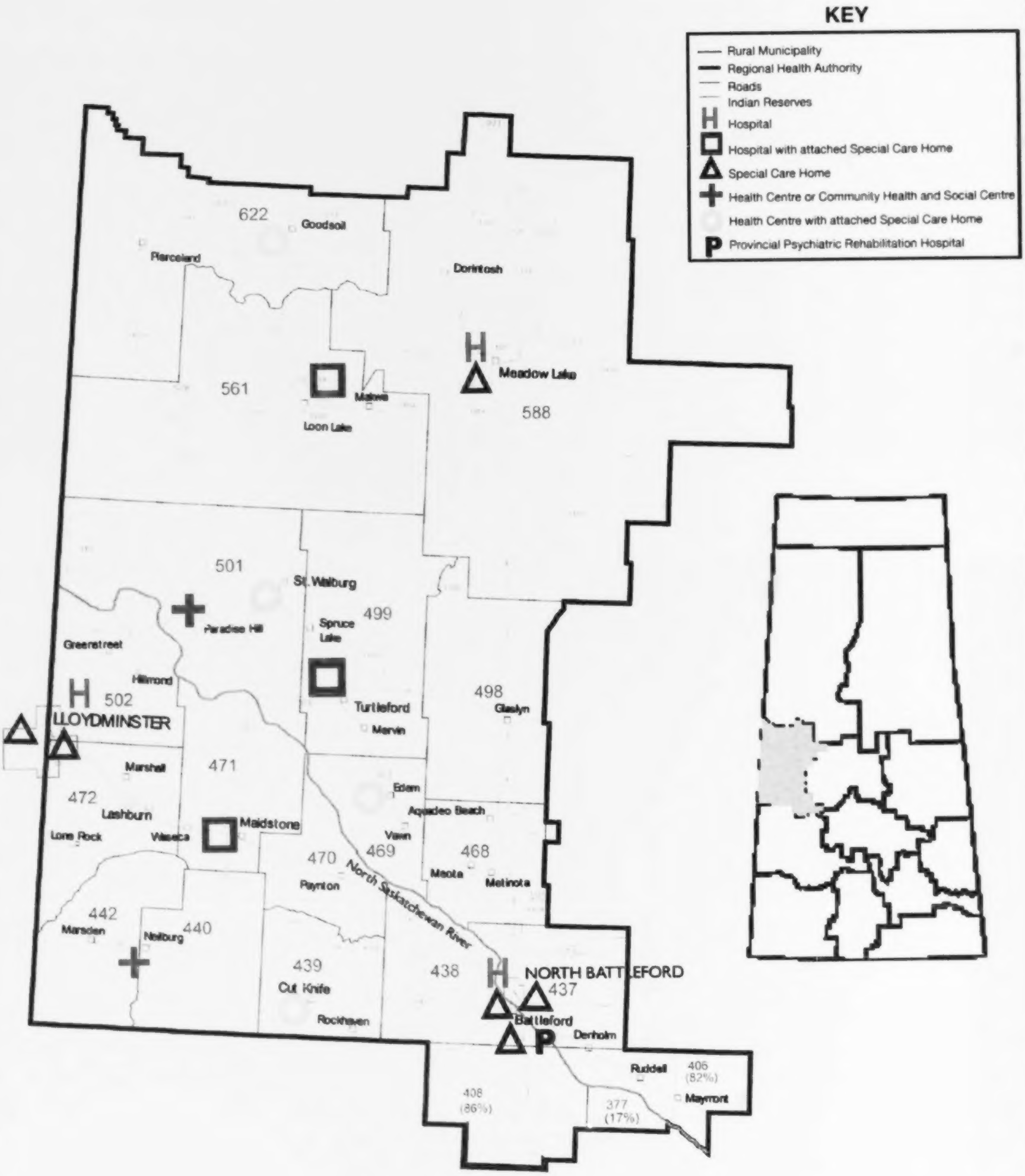
PRAIRIE NORTH HEALTH REGION


KEY
Rural Municipality
Regional Health Authority
Roads
Indian Reserves
H Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
P Provincial Psychiatric Rehabilitation Hospital
622
Goodsoil
Pierceland
Dorintosh
561
Makwa
Loon Lake
Meadow Lake
588
501
St. Walburg
Paradise Hill
Spruce Lake
499
Greenstreet
Hillmond
502
LLOYDMINSTER
Turtleford
Mervin
498
Glaslyn
Marshall
471
472
Lashburn
Edam
Aquadeo Beach
Lone Rock
Waseca
Maidstone
Vawn
470
469
468
Meota
Metinota
Paynton
North Saskatchewan River
442
Marsden
Neilburg
440
439
Cut Knife
438
NORTH BATTLEFORD
437
Battleford
Rockhaven
Denholm
Ruddell
406 (82%)
408 (86%)
377 (17%)
Mayfront

visit our website at:

www.pnrha.ca

Prairie North
Health Region